JUL 30

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

20479

1. PLACE OF DEATH
County Henry — Registration District No. 351 — File No.
Township Fairview — Primary Registration District No. 5792 — Registered No. 14
City Country (No. ..... St. ..... Ward)

2. FULL NAME Joseph W. Lycbey
(a) Residence. No. ~~Country~~ St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 21 1857

7. AGE Years 77 Months 1 Days 3 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Same
(c) Name of employer Name

9. BIRTHPLACE (CITY OR TOWN) Cameron
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) " "
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER " "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) " "
(STATE OR COUNTRY)

14. INFORMANT Mrs Tom Harris
(Address) Deepwater

15. FILED 6/25, 1928 J. H. Russell REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 24 1928

17. I HEREBY CERTIFY, That I attended deceased from June 6, 1928, to June 24, 1928, that I last saw him alive on June 23, 1928, and that death occurred, on the date stated above, at 3-9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
110 Blood Poison
36
(duration) ..... yrs. 5 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Frozen Toes
(duration) ..... yrs. 5 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED at Home
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) C. H. Howard, M. D.
6/24, 1928 (Address) Deepwater Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Brownington — DATE OF BURIAL 6/25 1928

20. UNDERTAKER Tom Harris — ADDRESS Deepwater

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD