

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

Do not use this space.

21716

1. PLACE OF DEATH

County Spartan

Registration District No. 788

Township Webster Groves

Primary Registration District No. 5471

City Webster Groves (No. 7727 Suffolk)

File No. _____

Registered No. 69

St. _____ Ward _____

2. FULL NAME Donald Gordon Joylie

(a) Residence. No. 7727 Suffolk 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. 1 mos. _____ da. How long in U.S., if of foreign birth? yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or WIFE of Myra Joylie

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 23 - 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
49 11 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work advertising
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer Gardner Adv. Co.

9. BIRTHPLACE (CITY OR TOWN) Phoenix
(STATE OR COUNTRY) Arizona

10. NAME OF FATHER David Joylie

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Scotland
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Dolores Fierdan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Spain

14. INFORMANT Myra Joylie
(Address) 7727 Suffolk

15. FILED 6-7-28 William J. Keating
Jer Elsie Benson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7, 1928

17. I HEREBY CERTIFY That I attended deceased from _____
May 12, 1928, to June 7, 1928
that I last saw him alive on June 7, 1928, and that death occurred, on the date stated above, at 7:00 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of lung

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X Ray & physical exam

(Signed) Wm. Beebe M. D.

June 7, 1928 (Address) 912 Beaumont Bldg.

*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 Missouri Crematory DATE OF BURIAL 6-9-28

20. UNDERTAKER Barker and Co. ADDRESS Webster Groves

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.

Dr. Robert C. [unclear]

3770 [unclear]