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

Do not use this space.

**1. PLACE OF DEATH**

County ..... Registration District No. 791 File No. 25971

Township ..... Primary Registration District No. 1003 Registered No. 7835

City St. Louis Mo. (No. 5812 Clemens St. ..... Ward)

**2. FULL NAME** Joseph Boyce

(a) Residence. No. 5812 Clemens Ave St., 5 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(or) WIFE~~ Mary E. J. Casey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 4 1841

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or 30 min. |
|---|---|---|---|
| 87 | 3 | 28 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Insurance Agt.
(b) General nature of industry, business, or establishment in which employed (or employer) Insurance
(c) Name of employer W. H. Markham & Co.

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Patrick Boyce
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Donegal
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Sally M. McLoone
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Donegal
(STATE OR COUNTRY) Ireland

14. INFORMANT William D Boyce (Son)
(Address) 5812 Clemens Ave

15. FILED JUL 30 1928 Max C Starkley REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29 1928

17. I HEREBY CERTIFY, That I attended deceased from July 2nd, 1928, to July 29, 1928, that I last saw him alive on July 28, 1928, and that death occurred, on the date stated above, at 12 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial
131 Nephritis
97
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterial Sclerosis
(duration) 1 yrs. — mos. — ds.

1290

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Urine + Blood Pressure
(Signed) P. J. Heuer, M. D
July 29, 1928. (Address) Missouri 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: Calvary
DATE OF BURIAL: July 31st 1928

20. UNDERTAKER: Wagoner U. Co
ADDRESS: 3621 Olive

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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD