

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

Do not use this space.

2151

FEB 22 1929

1. PLACE OF DEATH

County Johnson Registration District No. 431 File No. _____
 Township Grand Hill Primary Registration District No. 3023 Registered No. _____
 City Warrensburg No. _____ St. _____ Ward _____

2. FULL NAME

John Thomas Joy
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred, 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary M. Simpson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 31 1893

7. AGE	YEARS	MONTHS	· DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>35</u>	<u>2</u>	<u>16</u>		

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) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Morgan Co Mo

10. NAME OF FATHER

Frank Thomas Joy

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER

Mabinda Stewart

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

14. INFORMANT

J. L. Thomas
 (Address) Warrensburg Mo

15. FILED

Jan 23 1929 Wm R Patterson
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 16 1929

17. I HEREBY CERTIFY That I attended deceased from Oct 15th, 1928, to Jan 16, 1929, that I last saw him alive on Jan 13, 1929, and that death occurred, on the date stated above, at 8-3 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholera of the duodenum
4 1/2 h
11 1/2 h (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Cholera of the duodenum
about (duration) 2 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH? _____
 DID OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) John Thunderson, M. D.
1-17 1929 (Address) Warrensburg Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Sunset Hill Cem DATE OF BURIAL 1/18 1929

20. UNDERTAKER

Sweeney - Goe Co Warrensburg ADDRESS

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.

PERMANENT RECORD

31
31

20
70