

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

Do not use this space.

28674

**1. PLACE OF DEATH**

County Ray  
Township Grape Grove  
City Hamlet (No. Joy)

Registration District No. 914  
Primary Registration District No. 6235

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Harriet Joy

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Joy</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar. 23-1853</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>76</u>	<u>4</u>	<u>29</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife

(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) Missouri

**10. NAME OF FATHER** Sard McBee

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** \_\_\_\_\_  
(STATE OR COUNTRY) Penn.

**12. MAIDEN NAME OF MOTHER** Catherine Bim

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** \_\_\_\_\_  
(STATE OR COUNTRY) Ohio

**14. INFORMANT** Mary Joy  
(Address) St. W. E. Gant

**15. FILED** Aug 29 1929  
W. E. Gant REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 22 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr 5 - Aug 22 1929 to Apr 5 - Aug 22 1929, 1929, that I last saw h. or alive on Aug 19 1929, and that death occurred, on the date stated above, at 8:00 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of Sigmoid Flexure of the Colon  
46 @ 8  
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 45  
(duration) \_\_\_\_\_ yrs. mos. ds.

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? Physical  
(Signed) Goumes & Gant, M. D. 8  
8/23, 1929 (Address)

\*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** New Hope Cem DATE OF BURIAL 8/24 1929

**20. UNDERTAKER** Jno. Krupchick ADDRESS Hardin mo

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.

