

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

Do not use this space.

1531

1. PLACE OF DEATH
 51 County Johnson Registration District No. 427
 2 Township Madison Primary Registration District No. 4233
 2 City Holden (No. _____) St. _____ Ward _____

2. FULL NAME Herbert Elmer Joy
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

FEB 24 1932

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13 - 1907

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>24</u>		<u>28</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 237

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Missouri

13. NAME R. E. Joy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Fannie M. Davidson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs Fannie M. Ruthford Holden Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Holden Mo DATE Jan 13 1932

19. UNDERTAKER (ADDRESS) W. C. Goldman Holden Mo

20. FILED 1/13 1932 E. W. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 1932

22. I HEREBY CERTIFY That I attended deceased from Dec 14 1931 to Jan 11 1932

I last saw him alive on Jan 11 1932. Death is said to have occurred on the date stated above, at 7:00 P.m.

The principal cause of death and related causes of importance were as follows:
Exhaustion 12/4/31
Epileptic Convulsions 1/10/32
of several years standing.
 Other contributory causes of importance: 85

Name of operation Gastroenterostomy Date of Jan 7, 1932
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Edward Audreus M. D.
 (Address) Holden, 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.

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caused by check marks, lacking from the death certificate:

Name: Herbert Elmer Joy

Who died at: Holden, Mo. on Jan 11, 1932,

Residence: No. _____ St. _____

(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Exhaustion from Epileptic convulsions of several years standing.

Contributory: Particis Gastric and removal gall bladder

Where was disease contracted? at home

Did operation precede death? yes Date of Jan. 7, 1932

Was there an autopsy? no What test confirmed diagnosis? _____

Name of physician: Edward Andrews M.D.

Address of physician: Holden Mo.

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