

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

Do not use this space.

10319

1. PLACE OF DEATH

County..... Registration District No..... File No.....
Township..... Primary Registration District No..... Registered No. **2340**
City *St. Louis* (No. *4369*, *Delmar Road*) St. Ward.....

2. FULL NAME

(a) Residence, No. *John Joyce* St. *19* 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) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mary Joyce*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Unknown 1836*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 96 - -

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

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

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) *Ireland 15*

13. NAME *Anthony Joyce*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

17. INFORMANT *Anthony Joyce*
(ADDRESS) *4369 Delmar Rd*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cemetery* DATE *March 12th 1932*

19. UNDERTAKER *Arthur J. Donnelly and Co*
(ADDRESS) *2039 Broadway St*

20. FILED *Mar 11 1932* *Max C. Parry*
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 9th 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 28th 1932* to *March 9th 1932*

I last saw him alive on *March 29th 1932* Death is said to have occurred on the date stated above, at *2:30 AM*.

The principal cause of death and related causes of importance were as follows:

Myocarditis (Chronic) Date of onset

Other contributory causes of importance: *Age 93*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *Y*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury.....

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) *Charles G. Libbie*, M. D.

(Address) *St. Louis, Mo*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

Mr. C. H. Johnson.
7029 N. Harvard

Jc 0183