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.

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

Do not use this space.

19524

File No. 2329

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 3821 Michigan St. Ward)

2. FULL NAME Thomas Wallace Joyce

(a) Residence, No. 3821 Michigan St., 3 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 OF: Sophia Ann Joyce

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 26, 1876

7. AGE: YEARS 56 — MONTHS 1 — DAYS 14 ~~26~~ — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 131 90B

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 97

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Henry County Missouri 1

FATHER

13. NAME: Samuel Joyce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Gilbert B Joyce 3821 Michigan

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Elmwood DATE June 13, 1932

19. UNDERTAKER (ADDRESS): Sline & McClure 3235 Gillham Plaza

20. FILED 6/11, 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from One Year, 19..., to ..., 19...

I last saw him alive on June 10, 1932 Death is said to have occurred on the date stated above, at 2 P.m.

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

Acute Uraemia with Toxic Pre-Cardites 131

Other contributory causes of importance: Chronic Nephritis Arterio Sclerosis

Date of onset

Name of operation X Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19...

Where did injury occur? X (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) J. J. Beattie M. D.

(Address) 1202 Waldheim Bldg