

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

Do not use this space.

10968

**1. PLACE OF DEATH**

County St. Louis Registration District No. 789  
 Township Central Primary Registration District No. 60333  
 City Jefferson Road, Lumsden Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Kate L. Joyce  
 (a) Residence, No. Carson R.H. R. N. 60 St. \_\_\_\_\_ 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 Female 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) Unknown  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
About 80  
 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. 131  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 131  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 131

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME Michael Joyce

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

15. MAIDEN NAME Bridget Leonard.

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

17. INFORMANT Jimm Murnaghan  
 (ADDRESS) Carson R.H. R. N. 60

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE St. Louis DATE May 4 1933

19. UNDERTAKER Oppler & Kelly  
 (ADDRESS) 1416 N. Taylor

20. FILED 3/2 1933 Green Bruce M.D.  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1933

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1927, to March 1, 1933  
 I last saw h. live on March 1, 1933. Death is said to have occurred on the date stated above, at 9 P. m.

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

Chronic Bronchitis Asthma  
Chronic Myocarditis  
Generalized Arteriosclerosis  
Chronic Myocarditis  
Chronic Endocarditis involving mitral insufficiency  
 Other contributory causes of importance: Arteriosclerosis, Coronary Arteriosclerosis, 1931

Name of operation no Date of \_\_\_\_\_

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

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? no

If so, specify \_\_\_\_\_ (Signed) John E. Turner M. D.

(Address) 3718 Jennings, R.

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.

APR 28 1933

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