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

Do not use this space.

28812

File No.

Registered No. 916

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph, (No. 515 West Chestnut, St. Ward)

2. FULL NAME Henry Lajoie,

(a) Residence, No. 515 West Chestnut, St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 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 Pearl Lajoie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1869

7. AGE: Years 63 | Months 11 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) June 1933

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri,

FATHER

13. NAME Francis Lajoie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri,

MOTHER

15. MAIDEN NAME Aristeen McGee,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte County, Missouri,

17. INFORMANT Mrs Henry Lajoie
(ADDRESS) 515 West Chestnut St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stanberry, Mo. DATE Sept. 16, 1933

19. UNDERTAKER Weston-Bulle-Hubbard Funeral Home
(ADDRESS) 519 S. 10th. St.

20. FILED SEP 15 1933 John R. Bender Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933 to Sept 13, 1933

I last saw him alive on Sept 13, 1933. Death is said to have occurred on the date stated above, at 5:45 p.m.

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

	Date of onset
Cancer of Prostate Gland	?

51 : 610

Other contributory causes of importance:

none

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

What test confirmed diagnosis? Clinical Was there an autopsy? No

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

Accident, suicide, or homicide? No 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) Leon Rock, M. D.

(Address) St. Joseph, 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.

WHEN FILLING IN, STRIKE OUT WORDS—THIS IS A PERMANENT RECORD

OCT 20 1933