

JUL 1 1935

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

Do not use this space.

18668

1. PLACE OF DEATH

100 County Scott Registration District No. 22 19
12 Township Primary Registration District No. U.S. 2
City Vanduser (No.) St. Ward)

2. FULL NAME

James R. Joyce
(a) Residence, No. Vanduser St. 2nd Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Bessie Joyce
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28-1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 2 19

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (CITY OR TOWN) Kelso, Mo. (STATE OR COUNTRY)

FATHER
13. NAME Robert Joyce

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

MOTHER
15. MAIDEN NAME Unknown

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

17. INFORMANT James Joyce (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Capehart DATE May 1935

19. UNDERTAKER H. J. Welsh (ADDRESS) St. Keaton, Mo.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1935 to May 17, 1935
I last saw him alive on May 16, 1935 Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate
Other contributory causes of importance: None
Name of operation Date of
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) W. H. Orrell M. D.
St. Keaton Mo
(Address)

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.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

MEMORANDUM FOR THE DIRECTOR

DATE: 4/18/53
SUBJECT: [Illegible]

RE: [Illegible]

[Illegible text]

APR 22 1953

JUL 12 1965

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CONFIDENTIAL