

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

Do not use this space.

30085

OCT 25 1935

**1. PLACE OF DEATH**

County Marion Registration District No. 547  
Township Mason Primary Registration District No. 3579  
City Hannibal (No. 217 1/2 North Main) St. 2 Ward

File No. \_\_\_\_\_  
Registered No. 261  
St. 2 Ward

**2. FULL NAME**

Joshua Jaynes Treas  
(a) Residence, No. 217 1/2 North Main St. 2 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 2 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 Rolle Wayman Treas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31 - 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
85 3 2

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

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

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) Shelby Co. Ind.

13. NAME Peter Treas

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

15. MAIDEN NAME Mursey Raypp

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

17. INFORMANT A. J. Treas (ADDRESS) Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Phillipsburg Mo DATE Sept. 4 - 1935

19. UNDERTAKER (ADDRESS) Wm. T. ...

20. FILED Sept 3, 1935 W. H. Chester Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3 - 1935

22. I HEREBY CERTIFY, that I attended deceased from April 10, 1935 to Sept 3, 1935

I last saw him alive on Sept 3, 1935 Death is said

to have occurred on the date stated above, at 7:45 P.M.

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

Asthma Date of onset

Other contributory causes of importance:

myo-carditis

Name of operation None Date of

What test confirmed diagnosis? None 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) J. B. ... M. D.

(Address) 500 Broadway

Hannibal, 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.

