

APR 18 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

10309

1. PLACE OF DEATH

County Henry Registration District No. 347
 Township Clinton Primary Registration District No. 3018
 City Clinton (No. St. Ward)

2. FULL NAME

Joseph A. Justice
 (a) Residence, No. 903 South Washington St., Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Amelia Morrison Justice</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-19-1854</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>4</u>	DAYS <u>24</u>
If LESS than 1 day, <u> </u> hrs. or <u> </u> min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>		
10. Date deceased last worked at this occupation (month and year) <u> </u>		
11. Total time (years) spent in this occupation <u>life</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wilmington Delaware</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>Edith Foote</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Castle Delaware</u>		
17. INFORMANT (ADDRESS) <u>nm Justice</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cedar Creek</u> DATE <u>3-14</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>Fred Wilkinson Clinton Mo</u>		
20. FILED <u>3-14</u> 19 <u>36</u> <u>J. R. Hampton</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March-13 1936

22. I HEREBY CERTIFY That I attended deceased from March 11 1936, to March 13 1936
 I last saw him alive on March 11 1936. Death is said to have occurred on the date stated above, at 11:10 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Chronic Thyroiditis
 Date of onset 3-11-36

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? 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) James Smith M. D.
 (Address) Clinton 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.

