

Wakeman

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

Do not use this space.

26272

SEP 9 1936

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township Springfield Primary Registration District No. 2001
 City Springfield No. 1114 7 Boonville Ave St. _____ Ward)

File No. _____
 Registered No. 628

2. FULL NAME

(a) Residence, No. 1114 7 Boonville Ave. Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Joyner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 20 1880</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>11</u>
	DAYS <u>2</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Merchant</u>	
	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) <u>Buffalo Mo</u>		
FATHER	13. NAME <u>W. G. Joyner</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Mo</u>	
MOTHER	15. MAIDEN NAME <u>Pauline Bennett</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Indiana</u>	
17. INFORMANT (ADDRESS) <u>Flossie Howell R. D. 234 1st Collins Cole</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenlawn</u> DATE <u>July 23 1936</u>		
19. UNDERTAKER (ADDRESS) <u>F. C. Meier Springfield Mo</u>		
20. FILED <u>7-22 1936</u> <u>Dr Chas a George</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 1936

22. I HEREBY CERTIFY That I attended deceased from July 12 1936 to July 22 1936
 that saw him alive on July 31 1936 Death is said to have occurred on the date stated above, at 30 m.
 The principal cause of death and related causes of importance were as follows:
Chronic Nephritis
with Edema
 Date of onset _____

Other contributory causes of importance:
Chronic Alcoholism
Chronic Myocarditis

Name of operation none Date of _____
 What test confirmed diagnosis? _____ 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? none (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
no

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. Newton Wakeman M. D.
Medical Arts Bldg, Springfield, Mo.

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.

