

NOV 16 1936

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

Do not use this space.

37937

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township 1stPrimary Registration District No. 1002City Kansas City (Virgile) No. 2010 E 8th St.File No. 1Registered No. 88

St. _____ Ward _____

2. FULL NAME

Virgil Y Joyce(a) Residence, No. 2010 E 8th St. St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 9 1898</u>		
7. AGE	YEARS	MONTHS
	<u>39</u>	<u>2</u>
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.
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>Arkansas</u>		
13. NAME <u>James Joyce</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Wife</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Floral Hills Cemetery 11-36 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Melody McGinley Kansas City, Mo.</u>		
20. FILED <u>Nov 1, 1936 M. M. Brown Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>10 30 36</u>
22. I HEREBY CERTIFY That I attended deceased from _____, 19____ I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ The principal cause of death and other causes of importance were as follows: <u>Artery thrombosis</u> Date of onset _____ Other contributory causes of importance: <u>Heart B</u> Name of operation _____ Date _____ 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? _____ If so, specify _____ (Signed) <u>[Signature]</u> , M. D. (Address) <u>[Signature]</u>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

-1 X704

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.

