DEC 3 1936

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

Do not use this space.

42974

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. CITY HOSPITAL NO. 2 St. ..... Ward)

File No. .....

Registered No. 11547

2. FULL NAME HORACE JOYCE

(a) Residence, No. 3930 Cook St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 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: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Camille Joyce

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4-30-1902

7. AGE: YEARS 34 | MONTHS 6 | DAYS 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): La.

FATHER

13. NAME: Isaac Joyce

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

MOTHER

15. MAIDEN NAME: Izora Collins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La

17. INFORMANT (ADDRESS): Esther Mayo Sherard 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Park DATE Nov 22 1936

19. UNDERTAKER (ADDRESS): Hemphill & Funeral Home Kirkwood Mo

20. NOV 21 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-19- , 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-8- , 1936 to 11-19- , 1936

I last saw her alive on 11-19- , 1936 Death is said to have occurred on the date stated above, at 5:50 P. M.

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

	Date of onset
PULMONARY TUBERCULOSIS	8-8-1936

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical 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? .....

If so, specify .....

(Signed) J. Owen Blache, M. D.

(Address) 2945 Lawton

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.