

MAR 22 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Laclade  
Township.....  
City Lebanon (No. ...., ..... Ward)

Registration District No. 449  
Primary Registration District No. 4267

File No. 6930  
Registered No. ....

2. FULL NAME Burness W Joslin

(a) Residence, No. .... 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Duffy Joslyn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26 1891

7. AGE YEARS MONTHS D<sup>AYS</sup> If LESS than 1 day, .....hrs. or .....min.  
45 8 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Post Office Custodian  
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) May Veiw Mo13. NAME Luke W Joslyn14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont15. MAIDEN NAME Mary E Austin16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont17. INFORMANT Mrs. B. W. Joslyn  
(ADDRESS) Lebanon, Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Lebanon DATE 2/5/3719. UNDERTAKER W. E. Hoeman  
(ADDRESS) Lebanon Mo20. FILED 2-8-37 J. A. McComb  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/3/37 . 19...

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on....., 19...... Death is said to have occurred on the date stated above, at 3:30 p.

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

Gun shot wound Date of onsetOther contributory causes of importance: 154

Name of operation..... Date of.....  
What test confirmed diagnosis? Inquest Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury 2/3, 1937  
Where did injury occur? Lebanon Township Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. In suburbs of Lebanon

Manner of injury Accident  
Nature of injury wound in side of head

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify.....  
(Signed) S. R. Palmer (Coroner) M.D.  
(Address) Lebanon 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.

OCCUPATION

MOTHER FATHER

APR 11 1945

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