CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 2 1 1937

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

Dr. Rigney
Do not use this space.

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 20096
Township — Primary Registration District No. 2001 — Registered No. 0471
City Springfield, Mo. (No. St. Johns Hosp. St. Ward)

2. FULL NAME Frederick E. Joyce
(a) Residence, No. Shreveport, La. St., Ward. Shreveport La
(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 Elizabeth Ann Joyce

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 ~~1897~~ 1899

7. AGE ✓ ~~40~~ YEARS 38 MONTHS 0 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager A & P
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Paul Kansas

FATHER
13. NAME Thomas K. Joyce
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rochester N. Y.

MOTHER
15. MAIDEN NAME Marietta Tipfer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) Mra Elizabeth Joyce Shreveport La

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Paul, Kan. DATE 5/31/37 19

19. UNDERTAKER (ADDRESS) Herman Lohmeyer Funeral Home Springfield, Mo.

20. FILED May 30, 1937 Chas A George M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1937, to May 30, 1937
I last saw him alive on May 30, 1937 Death is said to have occurred on the date stated above, at 12 N.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	May 26

Other contributory causes of importance:
Hypertension
Arteriosclerosis

94B

Name of operation ..... Date of .....
What test confirmed diagnosis? E.C.G. 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) L. M. Rigney, M. D.
(Address) Springfield, Mo.