AUG 19 1937

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

Do not use this space.

File No. 26735

Registered No. 823

1. PLACE OF DEATH

County: Buchanan — Registration District No. 7

Township: — Primary Registration District No.

City: St. Joseph, (No. 1805 Washington Avenue St. Ward)

2. FULL NAME Joseph William Lorey

(a) Residence, No. 1805 Washington Avenue Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 5 mos. 6 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 Dora Mary Lorey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Febr. 19, 1861.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
76	5	6	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employer

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 40Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri

FATHER

13. NAME Joseph Lorey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florrison County, Missouri

MOTHER

15. MAIDEN NAME Margaret Senit

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

17. INFORMANT Dora Mary Lorey
(ADDRESS) 1805 Washington Avenue

18. BURIAL, CREMATION, OR REMOVAL Mount Olivet Cemt
PLACE St. Joseph, Mo. DATE July. 27, 37

19. UNDERTAKER H. O. Sidenfaden & Son
(ADDRESS) 1802 Union Str St. Joseph, Mo.

20. FILED 7/26 1937 H. J. Heeschusch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 26th 37 Viewed, 19..., to ..., 19...

I last saw him ~~alive on~~ ..., 19... Death is said to have occurred on the date stated above, at 5/30 a.m

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

	Date of onset
Cerebral Apoplexy	6/27 "37

Other contributory causes of importance: Arterio Sclerosis

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

What test confirmed diagnosis? History 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? no

If so, specify .....

(Signed) B. W. Tadlock Coroner, M. D.

(Address) King Hill Bldg

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.

WRITE PLAINLY, WITH BALLPOINT PEN, PRESS HARD. ONLY ONE PERMANENT RECORD