

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Henry Registration District No. 347  
Township Clinton Primary Registration District No. 3018  
City Clinton (No.     ) St.      Ward     

File No. 4675  
Registered No. 27

2. FULL NAME

(a) Residence, No. Joyce Laverne Julian St.      Ward       
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>    </u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 26-1933</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
			<u>7</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>    </u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>    </u>			
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation..... <u>    </u>			
12. BIRTHPLACE (CITY OR TOWN)..... <u>Clinton Mo</u> (STATE OR COUNTRY)				
FATHER	13. NAME <u>Estell Julian</u>			
	14. BIRTHPLACE (CITY OR TOWN)..... <u>Clinton Mo</u> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Ma Elizabeth Johnson</u>			
	16. BIRTHPLACE (CITY OR TOWN)..... <u>Ohio</u> (STATE OR COUNTRY)			
17. INFORMANT <u>Estell Julian</u> (ADDRESS) <u>Clinton Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLA <u>Englewood</u> DATE <u>2-28-34</u>				
19. UNDERTAKER <u>Fred Williams</u> (ADDRESS) <u>Clinton Mo</u>				
20. FILED <u>2-28-34</u> <u>J. R. Hampton</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28-34

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

I last saw h.      alive on 26 Feb, 1934. Death is said to have occurred on the date stated above, at 12:15 PM.

The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
following fall  
16015

Date of onset 2-26-34

Other contributory causes of importance:  
    

Name of operation..... Date of.....  
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) Dr. Hughes, M. D.  
(Address).....

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 UNFADING INK—THIS IS A PERMANENT RECORD

