

DEC 4 1936

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

Do not use this space.

38790

1. PLACE OF DEATH

County Ray Registration District No. 744
Township Richmond Primary Registration District No. 3035
City Richmond (No. _____) St. _____ Ward _____

File No. _____
Registered No. 110

2. FULL NAME Mary E. Joiner

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Joiner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 7, 1858</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>8</u>
	DAYS <u>21</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) Ray Co.13. NAME R. D. Tompson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Nancy Clark16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT George Bates
(ADDRESS) Richmond, Missouri18. BURIAL, CREMATION, OR REMOVAL
PLACE Dockery, Mo. DATE Oct. 30, 193619. UNDERTAKER C. M. Joiner
(ADDRESS) Richmond, Missouri20. FILED 11-10, 1936 E. E. May Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Jan _____, 1934, to Oct 28 _____, 1936I last saw h. as alive on Oct 28 _____, 1936 Death is saidto have occurred on the date stated above, at 10:11 P. m.

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

Date of onset

Chronic Interstitial Nephritis about 3 yrs.

Other contributory causes of importance

Name of operation _____ Date of _____

What test confirmed diagnosis Cholera Was there an autopsy no23. 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) A. W. Grimes, M. D.(Address) Richmond, Mo.

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.

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