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

Do not use this space.

33226

1. PLACE OF DEATH
County Cass — Registration District No. 156 — File No.
Township Grand River — Primary Registration District No. 11090 — Registered No. 55
City Harrisonville (No. ..... St. ..... Ward)

2. FULL NAME Joel Benton Day
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 15 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Louise Day

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27-1852

7. AGE: YEARS 77 — MONTHS 3 — DAYS — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co Mo

PARENTS
10. NAME OF FATHER William Day.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
12. MAIDEN NAME OF MOTHER Levisa McKee
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

14. INFORMANT mrs B B Lester
(Address) Harrisonville Mo

15. FILED 10/29, 19 9 A S Long REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/27 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1928, to Oct. 28, 1929 that I last saw him alive on Oct. 27, 1929, and that death occurred, on the date stated above, at 11:50 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Edema
93C
1113
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Myocardial degeneration
(duration) 1 yrs. 8 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. S. Triplett, M. D.
, 19 (Address) Harrisonville Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Austin Cemetery — DATE OF BURIAL: 10/29 1929

20. UNDERTAKER: Runnenburger Bros & Co — ADDRESS: Harrisonville Mo.

Dr Triplett

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