

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

Do not use this space.

29581

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City

St. Joseph,

(No. SISTERS)

Woods Hospital

File No.

Registered No.

St.

Ward)

2. FULL NAME

Selma Marie Pohl,

(a) Residence, No. 2110 Lovers Lane

St.,

Ward, ...

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 12 yrs.

mos.

ds.

How long in U.S., if of foreign birth? yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb'y.7, 1895

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.

32

8

4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

House Maad

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

John W. Broaddus,

9. BIRTHPLACE (CITY OR TOWN)

Wathena,

(STATE OR COUNTRY)

Kansas,

10. NAME OF FATHER John Frederick Pohl,

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Dalton,

(STATE OR COUNTRY)

Ohio.

12. MAIDEN NAME OF MOTHER

Marie Amelia

Holtzhauser,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Harover,

(STATE OR COUNTRY)

Germany,

14.

INFORMANT

Mrs. Fred Pohl

(Address)

Wathena, Kansas

15.

FILED

11 1927

John G. vth

REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Oct. 11 1927

17.

I HEREBY CERTIFY, That I attended deceased from 10/11/27, 1927, to 10/11/27, 1927,
that I last saw her alive on 10/10/27, 1927, and that
death occurred, on the date stated above, at 6:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cellulitis of neck & face
Cavernous sinus thrombosis
Septic

15213

(duration)

yrs.

mos.

10 ds.

CONTRIBUTORY
(SECONDARY)

infected tooth?

(duration)

yrs.

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)

Physical Signs
Dr. Mallory Jr., M. D.

10/11/27 (Address) St Joseph 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

DATE OF BURIAL

Wathena Kansas

Oct. 19 27

20. UNDERTAKER

ADDRESS

Heaton - Bell Co. Mo.
Cap J. H. Hanes

319 S. 10 St.

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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