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

Do not use this space.

1139

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. [illegible]

Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. St. Mary's Hospital St. Ward)

2. FULL NAME Hamlet Polkey

(a) Residence. No. 2119 Summit 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Margaret Polkey

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: Years 65 — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Watchman-- K. C.
(b) General nature of industry, business, or establishment in which employed (or employer): Southern Railroad
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

PARENTS
10. NAME OF FATHER: Not Known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Not Known
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Not Known

14. INFORMANT: John H Polkey (Address) 4448 Penn St.

15. FILED Jan 13, 1928 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 12 1928

17. I HEREBY CERTIFY: That I attended deceased from Dec 2, 1927 to 1-7, 1928 that I last saw him alive on 12-31, 1927, and that death occurred, on the date stated above, at 2:35 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: [illegible]

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): [illegible]

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 2 90 0

IF NOT AT PLACE OF DEATH? 0

DID AN OPERATION PRECEDE DEATH? 0 DATE OF

WAS THERE AN AUTOPSY? 0

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Tebsotom

(Signed) [illegible], M. D.

1/13, 1928 (Address) [illegible]

*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: St. Mary's Cemetery — DATE OF BURIAL: Jan 14, 1928

20. UNDERTAKER: Quirk & Tobin Co--20 West Linwood — 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.

[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD