

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

Do not use this space.

8554

1. PLACE OF DEATH

County Greene

Registration District No. 318

File No. _____

Township _____

Primary Registration District No. 2001

Registered No. 203

City Springfield (No. Burge Hospital)

St. _____ Ward _____

2. FULL NAME

(a) Residence No. 1044 Springfield 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 6 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
52 3 12

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) Webster Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Abraham Polby

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pa
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lydia Brown Nov 18, 1928 (Address) Springfield

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pa
(STATE OR COUNTRY)

14. INFORMANT Belle Stolby
(Address) Springfield Mo

15. FILED 3-19-28 O. H. Stratton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 18 - 1928

17. I HEREBY CERTIFY That I attended deceased from Mar 4 - 1928, to March 18, 1928 that I last saw him alive on March 18, 1928, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Peritonitis
12 11 13
12 9 (duration) yrs. mos. 7 da.
CONTRIBUTORY Acute Appendicitis (SECONDARY)
(duration) yrs. mos. 15 da.

18. WHERE WAS DISEASE CONTRACTED H/H
IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? Yes DATE March 9-28

WAS THERE AN AUTOPSY? Yes Abdominal

WHAT TEST CONFIRMED DIAGNOSIS? General
(Signed) M. S. Mendenhall, M. D.

*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 Clearcreek Cem DATE OF BURIAL 3/20 1928

20. UNDERTAKER Alma Schreyer ADDRESS 534 St. Louis

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. 1928

