NOV 22 1928

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

Do not use this space.

34513

1. PLACE OF DEATH
County Randolph — Registration District No. 735
Township — Primary Registration District No. 3834
City Moberly (No. 407 No Hinkley St. Ward)
File No.
Registered No. 205

2. FULL NAME Ollie I Polston
(a) Residence. No. 407 No Hinkley 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: Female
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: Joe Polston

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 2nd 1879

7. AGE: Years 49 | Months 2 | Days 23 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeeper
(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): Mo

PARENTS
10. NAME OF FATHER: Jerry Hayes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Mary Hill
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Joe. Polston
(Address) Moberly Mo

15. FILED 10/26 1928 Dr Thos S. Fleming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 25th 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 8th, 1928, to Oct 25th 1928, that I last saw her alive on Oct 25, 1928, and that death occurred, on the date stated above, at 11:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suppurative Cholecystitis
127A (duration) yrs. mos. 17 ds.

CONTRIBUTORY (SECONDARY) 12 46 (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? Clinical
(Signed) R. A. Mitchell, M. D
10-26th, 1928 (Address) Moberly 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: Moberly Mo
DATE OF BURIAL: 10-28th 1928

20. UNDERTAKER: Mahan and Son
ADDRESS: Moberly 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.