

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

Do not use this space.

42325

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 03
City..... (No)..... St. Ward)

File No.....
Registered No. 12049
St. Ward)

2. FULL NAME

Tick Polk
(a) Residence, No. 2141 Walnut St., 22 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 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 Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Polk
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6/20/1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
64 5 19

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

9. BIRTHPLACE (CITY OR TOWN) Independence
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Fannie Humphrey
(Address) 2141 Walnut St

15. FILED 11 1923 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 9th 1929
17. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1929, to Dec 10, 1929 that I last saw alive on Dec 9, 1929, and that death occurred, on the date stated above, at 12102 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
170 (duration) mos. ds.
CONTRIBUTORY (SECONDARY) Exposure to cold
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) A. E. Moor, M. D.
12/10, 1929 (Address) 801 N. Jefferson

*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 Washington Park Cemetery DATE OF BURIAL Dec 14th 1929
20. UNDERTAKER Peoples Ind. Co. ADDRESS 3106 Franklin

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.

