

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

Do not use this space.

17017

**1. PLACE OF DEATH**

County POLK Registration District No. 703 File No. 1  
 Township Johnson Primary Registration District No. 5932 Registered No. 71  
 City Manassett No. 4224 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Polly Head  
 (a) Residence. No. \_\_\_\_\_ 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
78 9 22

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

9. BIRTHPLACE (CITY OR TOWN) ky.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Mathew Morrison

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Guy Head  
 (Address) Columbia mo.

15. FILED 5-23-30 J.L. Mabry REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 1930

17. I HEREBY CERTIFY, That I attended deceased from May 19, 1930 to May 19, 1930 that I last saw h. alive on May 19-1930 and, that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Paralysis agitans  
873  
 (duration) 3 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 84/13  
 (duration) \_\_\_\_\_ yrs. mos. da.

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) W. H. Hensens, M. D.

May 21, 1930 (Address) Manassett 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 Thessington mo. DATE OF BURIAL May 23 1930

20. UNDERTAKER R.A. Joseph ADDRESS 3149

84  
 1  
 6  
 1  
 2  
 15

Exact statement of OCCUPATION may be properly classified.

