

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

Do not use this space.

17143

File No. \_\_\_\_\_  
Registered No. 76  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County St. Francois Registration District No. 773  
Township \_\_\_\_\_ Primary Registration District No. 4444  
City Farmington (No. \_\_\_\_\_)

**2. FULL NAME**

(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. 6 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) widow  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 20-1869  
7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min. 60 7 23  
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work House Keeper  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Washington Co. Mo. (STATE OR COUNTRY)

10. NAME OF FATHER Chas Polite  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know  
12. MAIDEN NAME OF MOTHER Don't know  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Rolla Cozcan (Address) Farmington Mo  
15. FILED 5/16, 1930 B. J. Robinson REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13 1930

17. I HEREBY CERTIFY, That I attended deceased from March 19, 1930 to May 12, 1930, that I last saw her alive on May 12, 1930, and that death occurred, on the date stated above, at 5-30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocarditis -

93C

97

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Arterial Sclerosis

(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

9 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Geo. L. Watkins, M. D.

5-16-1930 (Address) Farmington 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

DATE OF BURIAL

St Catholic Cemetery

May 16 1930

20. UNDERTAKER

ADDRESS

Farmington and Co. Farmington Mo

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.

JUN 27 1930

