SEP 25 1930 SEP 25 1930

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

Do not use this space.

1. PLACE OF DEATH
County Madison — Registration District No. 338 — File No. 27275
Township — Primary Registration District No. 3028 — Registered No.
City Fredericktown MO. (No. ... St. ... Ward)

2. FULL NAME Mary Josephine Polete
(a) Residence. No. ... St., ... Ward. ... (If nonresident give city or town and State)
(Usual place of abode)
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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 20, 1858

7. AGE: Years 71 — Months 11 — Days 25 — 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): Mine La Motte Mo.

PARENTS
10. NAME OF FATHER: John Polete
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ste Genevieve Mo.
12. MAIDEN NAME OF MOTHER: Mary Polete
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Washington Co. Mo.

14. INFORMANT (Address): Celeste McDowell Fredericktown Mo.

15. FILED Aug 7 1930 C U Dent REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 15 1930

17. I HEREBY CERTIFY, That I attended deceased from ... 19..., to Aug 13, 1930 that I last saw her alive on Aug 15, 1930 and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
"Base Left Lung"
38
108 (duration) ... yrs. ... mos. 5 ds.

CONTRIBUTORY (SECONDARY): Malaria Fever
... (duration) ... yrs. ... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. Slaughter M.D.
Aug 16, 1930 (Address) Fredericktown 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: Calvary Cem. Fredericktown Mo. — DATE OF BURIAL: Aug 17 1930

20. UNDERTAKER: Ed. H. Webb Fredericktown Mo. — ADDRESS

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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD