

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 22 1930

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

Do not use this space.

36956

**1. PLACE OF DEATH**

County Linn Registration District No. 651  
 Township Wyan Prairie Primary Registration District No. 5862  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 173

**2. FULL NAME**

Polly Hart  
 (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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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~~  
Mother of - Emma Land

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Unknown

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

About 68

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**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. At Home

(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) Arkansas

PARENTS

**10. NAME OF FATHER** Unknown

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** —  
 (STATE OR COUNTRY) Unknown

**12. MAIDEN NAME OF MOTHER** Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** —  
 (STATE OR COUNTRY) Unknown

**14. INFORMANT**

(Address) Ollie List, Cantonville, Mo.

**15. FILED** Dec. 9, 1930 Ada Martin

REGISTRAR

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Nov - 9 - 1930

**17. I HEREBY CERTIFY**, That I attended deceased from Nov 8, 1930, to Nov 9, 1930, that I last saw her alive on Nov 8, 1930, and that death occurred, on the date stated above, at 7:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Lobar Pneumonia  
105  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**CONTRIBUTORY (SECONDARY)** undetermined  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED?** 1010  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

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

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) G. W. Phillips, M. D.

Nov. 10, 1930 (Address) Cantonville, 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** Organ Cemetery **DATE OF BURIAL** Nov - 10 1930

**20. UNDERTAKER** Friends **ADDRESS** Cantonville, Mo.

