DEC 23 1930

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

Do not use this space.

38310

File No.
Registered No. 273

1. PLACE OF DEATH

County Vernon
Township Center
City Nevada (No. 1039 S. Cedar St. Third Ward)

Registration District No. 875
Primary Registration District No. 3039

2. FULL NAME Polly Ann Ross

(a) Residence. No. 1039 S Cedar St., Third Ward.
(Usual place of abode)
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 89 yrs. 5 mos. 4 ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF F. E. Hubbard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) D.K. 1841

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
89	5	4	

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

9. BIRTHPLACE (CITY OR TOWN) D K
(STATE OR COUNTRY) D K

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

14. INFORMANT William Morgan
(Address) Nevada Mo

15. FILED 12-9-1930 E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 14 1928, to Nov 18 1930, that I last saw her alive on Tuesday 18, 1930, and that death occurred, on the date stated above, at Nine a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
~~Infirmities of old age~~
Senility-with debility
11.2 (duration) 89 yrs. 5 mos. 4 ds.

CONTRIBUTORY (SECONDARY) Anorexia
(SECONDARY) None (duration) yrs. 19 mos. ds.

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) F. E. Albert, M. D.
Nov 18 1930 (Address) Nevada 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 Newton Burial Paid
DATE OF BURIAL Nov 19 1930

20. UNDERTAKER Ferry Bros.
ADDRESS 224 S. Washington

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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD