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

Do not use this space.

7441

File No. 1758

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. 5508 Cabanne St. Ward)

Registration District No. 791

Primary Registration District No.

2. FULL NAME Susan Polk Player

(a) Residence. No. 5508 Cabanne St. Ward 5 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James Yeatman Player

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 23, 1851

7. AGE: 79 YEARS 7 MONTHS 16 DAYS If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: No occupation

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Ashwood 2
(STATE OR COUNTRY): Maury County, Tenn

PARENTS

10. NAME OF FATHER: George W. Polk

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Raleigh
(STATE OR COUNTRY): N. C.

12. MAIDEN NAME OF MOTHER: Sallie Leah Hillard

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

14. INFORMANT: W. Preston Graves
(Address) 5508 Cabanne Av. St. Louis Mo.

15. FILED: 10 '53 19 Max C Parker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 9 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1930, to Feb, 19 that I last saw her alive on Feb 9, 1931, and that death occurred, on the date stated above, at 2 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

82A

12.0B

(duration) — yrs. 3 mos. — ds.

CONTRIBUTORY (SECONDARY): Colitis

(duration) yrs. mos. 6 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? —

(Signed) M. E. Jones, M. D.

Feb 10, 1931 (Address) Lister Bldg

*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: Bellefontaine

DATE OF BURIAL: Feb 11th 1931

20. UNDERTAKER: Wagoner U. Co

ADDRESS: 3621 Olive

WRITE PLAINLY, WITH UNFADING INK—THIS ISSA PERMANENT RECORD

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.