

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

Do not use this space. ①

27898-A

1. PLACE OF DEATH

County Douglas Registration District No. 272
 Township Boston Primary Registration District No. 4165
 City Arva (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Polly Ann Epline

(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 3 yrs. 8 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sam Epline Sr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 26 1867

7. AGE 63 YEARS MONTHS 9 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

13. NAME Yardner Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Polly Ann Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blue Mound Kansas

17. INFORMANT (ADDRESS) B. A. Epline Arva Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Under DATE Aug 30 1931

19. UNDERTAKER (ADDRESS) Clearance Clinkinghead Arva Mo.

20. FILED 191 19 31 Ebraman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1931, to Aug 29 1931. I last saw her alive on Aug 29 1931. Death is said to have occurred on the date stated above, at 29 m. The principal cause of death and related causes of importance were as follows:

Mitral insufficiency Date of onset _____
92 W
 Other contributors cause of importance _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Geo. Gentry, M. D.
 (Address) Arva Mo

