

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

Do not use this space.

34767

1. PLACE OF DEATH

County Polk

Registration District No. 411

Township Polk

Primary Registration District No. 1202

City Polk

No. 1330

File No. 331

Registered No. 331

Ward

2. FULL NAME

(a) Residence, No. 1330

St. Polk

Ward. Wisconsin

(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

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 John

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7-31

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min. 4

OCCUPATION

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.

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) 1330 Wls. John

FATHER

13. NAME Earl Polk

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

MOTHER

15. MAIDEN NAME Bertha Corn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marionville

17. INFORMANT (ADDRESS) Earl Polk

18. BURIAL, CREMATION, OR REMOVAL

PLACE Friendship

DATE 10-13-31

19. UNDERTAKER (ADDRESS) Friendship

20. FILED 10/13

1931

at

Polk

Mo.

Clark

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11-1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1931, to Oct 11, 1931.

I last saw him alive on Oct 7, 1931. Death is said to have occurred on the date stated above, at 90 m.

The principal cause of death and related causes of importance were as follows:

Premature Birth

Date of onset

Other contributory causes 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? None Date of injury Oct 11, 1931.

Where did injury occur? Friendship (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 None

(Signed) Dr. J. L. Smith

(Address) Polk, Mo.

NOV 24 1931

CAUSE OF DEATH IN plain terms, so that it may be properly classified

