

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

Do not use this space.

483

1. PLACE OF DEATH
 23 County Clark Registration District No. 194
 Township Wyaconda Primary Registration District No. 5-271
 City Wyaconda St. _____ Ward _____

2. FULL NAME Joseph Conrad Polhans
 (a) Residence, No. Wyaconda, Mo. 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

3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-28-1914</u>		
7. AGE YEARS <u>17</u>	MONTHS <u>10</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Farmer</u>		If LESS than 1 day, _____ hrs. or _____ min.
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) <u>Wyaconda, Mo.</u>		
13. NAME <u>Stephen Polhans</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Catherine Mollov</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>Mrs. Kate Polhans</u> (ADDRESS) <u>Wyaconda, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Baring, Mo.</u> DATE <u>Jun 4 1932</u>		
19. UNDERTAKER <u>Berth & Basket</u> (ADDRESS) <u>Wyaconda, Mo.</u>		
20. FILED <u>Jan 4 1932</u> <u>Resse Plattner</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1932, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above at _____
 The principal cause of death and related causes of importance were as follows:
Killed in an auto mobile up set. Driving alone at the time. Chest injury. 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? accident Date of injury 1-2, 1932
 Where did injury occur? Wyaconda Mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public Place
 Manner of injury Auto accident
 Nature of injury Chest injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) A. L. Davis, M. D.
 (Address) Wyaconda, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A 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.

FEB 23 1932

