

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

Do not use this space.

APR 27 1932

1. PLACE OF DEATH

5-2 County Snop
 2 Township Center
 2 City Edina

Registration District No. 441
 Primary Registration District No. 4259

File No. 8994
 Registered No. 140
 St. _____ Ward _____

2. FULL NAME

Harvey Thomas Polyz

(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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30 - 1910

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>21</u>	<u>6</u>	<u>4</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Edina
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Ira Polyz

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Millport
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Myrtle Cooper

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Yakel
 (STATE OR COUNTRY) Missouri

14. INFORMANT Mrs Myrtle Mueller
 (Address) Edina Mo.

15. FILED Mar 5 1932 Mrs C. M. Smith
 REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 4, 1932

17. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1932, to Mar 4, 1932 that I last saw him alive on Mar 3, 1932, and that death occurred, on the date stated above, at 12:10 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Peritonitis +
Traumatic enteritis
 _____ (duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) 12:10
 _____ (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED La Belle, Mo.
 IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

19. WAS THERE AN AUTOPSY? No.
 WHAT TEST CONFIRMED DIAGNOSIS? Phys Examination
 (Signed) W. H. Landfather, M. D.

3-4, 1932 (Address) Edina, 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 Linsville Cemetery DATE OF BURIAL 3-5-1932

20. UNDERTAKER Mrs J. W. Hudson ADDRESS Edina

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Mo.
Township Edina
City Edina (No. _____)

Registration District No. 441
Primary Registration District No. 4259

File No. _____
Registered No. 140
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. 3
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) A.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE _____, 19____

19. UNDERTAKER (ADDRESS)

20. FILED May 10, 1932 Mrs. C. M. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 4 - 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

General peritonitis
traumatic enteritis
injury by falling tree

Other contributory causes of importance:

1940

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 Feb. 13, 1932

Where did injury occur? La Belle, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Employed on farm

Manner of injury By falling tree

Nature of injury Contused wound of abdomen

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. H. Landfathers

(Address)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

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