

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.

APR 28 1932

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

Do not use this space.

9658

1. PLACE OF DEATH

85

County Polk

Township Liberty

City Liberty (No. 712)

Registration District No. 594.1

Primary Registration District No. 594.1

File No. 8

Registered No. 8

St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. 1 St. Mo. Ward 1
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 4, 1932</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, ... hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>unknown</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>unknown</u>		
10. Date deceased last worked at this occupation (month and year) <u>unknown</u>		
11. Total time (years) spent in this occupation <u>unknown</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Polk, Mo.</u>		
13. NAME <u>Pauline Ruby Thompson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Polk, Mo.</u>		
15. MAIDEN NAME <u>Pauline Ruby Thompson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Polk, Mo.</u>		
17. INFORMANT (ADDRESS) <u>Dr. J. L. Olson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dr. J. L. Olson</u> DATE <u>3/10</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Dr. J. L. Olson</u>		
20. FILED <u>47.9</u> 19 <u>32</u> <u>Orin A. Olson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1932

22. WHEREBY CERTIFY that I attended deceased from March 3, 1932, to March 10, 1932

I last saw him alive on March 10, 1932 Death is said to have occurred on the date stated above, at 9:50 p.m.

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

Sclerotic Neomaturum Date of onset 3/7/32

Other contributory causes of importance: unknown

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓, 1932

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? no

If so, specify ✓ (Signed) W. L. Bell, M. D.

(Address) Polk, Mo.

