

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

Do not use this space.

20625

1. PLACE OF DEATH

94 County St. Francois Registration District No. 775
Township Perry Primary Registration District No. 6020
City (No.) St. Ward

File No.
Registered No. 46
St. Ward

2. FULL NAME

Joseph Politte
(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. 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) March 29 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 2 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Genivieve
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Cassimer Politte

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Oldsmir
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Elinor Semino

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Genivieve
(STATE OR COUNTRY) Mo.

14. INFORMANT Kie Politte
(Address) Bonnetee Mo.

15. FILED 6/13 1932 T. C. Lon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11 1932

17. I HEREBY CERTIFY, That I attended deceased from May 20, 1931, to June 11, 1932 that I last saw him alive on July 4, 1932 and that death occurred, on the date stated above, at 10-15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of lungs
73 2 3 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH At Home ①

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Examination

(Signed) Lee Turley, M. D.

6-12 1932 (Address) Bonnetee

*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 DATE OF BURIAL

Catholic Cemetery 6-13 1932

20. UNDERTAKER Bonne Terre, Mo ADDRESS

G. T. Ward Bonnetee

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.

JUN 27 1932

