

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

Do not use this space.

42970

1. PLACE OF DEATH

108 County Vernon
2 Township
7 City Nevada (No.) St. Ward)

Registration District No. 875
Primary Registration District No. 3039

File No.
Registered No. 275

2. FULL NAME

Ella Poland
(a) Residence, No. 606 W. Allison St., Ward. (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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew Poland
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1-1854
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 5 0

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) Iowa 2

13. NAME Samuel Ely

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Puertostown N.Y.

15. MAIDEN NAME Katherine Taylor

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

17. INFORMANT (ADDRESS) Hosp. Record

18. BURIAL, CREMATION, OR REMOVAL PLACE Superwood DATE 12-3 1932

19. UNDERTAKER (ADDRESS) Allen U Hays Nevada Mo.

20. FILED 12-25 1932 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

2 2
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1, 1932
22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1932, to Dec 1, 1932
I last saw h. ee alive on Dec 1, 1932. Death is said to have occurred on the date stated above, at 12:50 P.M.
The principal cause of death and related causes of importance were as follows:

Broncho pneumonia Date of onset Nov 25 '32
93C
107A
93C
Other contributory causes of importance:
Chronic myocarditis ①

Name of operation Date of
What test confirmed diagnosis? Smear 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 19.....
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?
If so, specify

(Signed) F. S. Martin M. D.

(Address) Nevada Mo

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.

