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.

APR 21 1933

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

Do not use this space.

5481

1. PLACE OF DEATH

County Harrison — Registration District No. 341 — File No.

Township — Primary Registration District No. 4204 — Registered No. 5

City Ridgeway (No. , St. Ward)

2. FULL NAME Christiana Polley

(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 F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. W. Polley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1868

7. AGE YEARS 64 MONTHS 8 DAYS 9 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) October, 1932

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ridgeway, Mo

FATHER

13. NAME Jacob King

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

MOTHER

15. MAIDEN NAME Nancy Wheeler

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

17. INFORMANT (ADDRESS) J. W. Polley Ridgeway, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dale Cemetery DATE 2/17 1933

19. UNDERTAKER (ADDRESS) Rogers Bros Ridgeway Mo

20. FILED 2-17 1933 Lola Brewer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1933, to Feb 15, 1933

I last saw her alive on Jan 27, 1933. Death is said to have occurred on the date stated above, at 5:30 pm

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

	Date of onset
Diabetes Mellitus	1920
59	
131 59	
Other contributory causes of importance:	
Chronic Parenchymatous Nephritis	1928

Name of operation No Date of

What test confirmed diagnosis? Urine 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? No

If so, specify

(Signed) W. F. Breyles, M. D.

(Address) Eagleville, Mo.