

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

Do not use this space.

33818

1. PLACE OF DEATH

County New Madrid Registration District No. 55
 Township Anderson Primary Registration District No. 4033
 City (No. 6204)

File No. 10821
 Registered No. 10821
 St. _____ Ward)

2. FULL NAME

Sarah Neodesa Polbert

(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 _____ 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

Female White single

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

Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 12 1933

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 1 1 15

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) Anderson
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER James Polbert

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

12. MAIDEN NAME OF MOTHER Ida Jones

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

14. INFORMANT Jimm Polbert
 (Address) Anderson Mo

15. FILE NO. 104-10, 1933 REGISTRAR M. V. Mumma

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 12 1933

17. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1933, to Oct 12, 1933
 that I last saw her alive on Oct 5, 1933, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

undeveloped heart
157C
158
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) _____
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH? _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
 (Signed) P. E. Smith, M. D.
 , 19 (Address) Anderson 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 Starfield Ceme DATE OF BURIAL 10-13 1933

20. UNDERTAKER J. W. Wenter ADDRESS Anderson 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.

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