

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

NOV 15 1934

1. PLACE OF DEATH Mercer  
 County Comerett Registration District No. 553 File No. 36684  
 Township Comerett Primary Registration District No. 5754 Registered No. 24  
 City Mercer (No.         ) St.          Ward         

2. FULL NAME Marvel M. Polston  
 (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 Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Sarah E. Polston (OR) WIFE OF           
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8, 1849  
 7. AGE YEARS 85 MONTHS 0 DAYS 3 If LESS than 1 day,          hrs. or          min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer 92  
 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) 1930 11. Total time (years) spent in this occupation 92

12. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)  
 13. NAME Mitchell Polston  
 14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)  
 15. MAIDEN NAME Elizabeth Calvan  
 16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)  
 17. INFORMANT Luther Polston (ADDRESS) Princeton Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lewis Mercersville Mo DATE Oct 13 1934  
 19. UNDERTAKER D. D. Greylee (ADDRESS) Lewisville, Mercer  
 20. FILED Oct 12 1934 Madie Davenport Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11, 1934  
 22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1934, to Oct 11, 1934  
 I last saw him alive on not at all, 19        . Death is said to have occurred on the date stated above, at 12 NOON.  
 The principal cause of death and related causes of importance were as follows:  
Sudden death while eating Date of onset           
noon meal  
Valvular heart disease  
Chronic - mitral regurgitation  
stenosis + aortic regurgitation  
causes of importance 25 years  
time he had a small  
accipensation

Name of operation          Date of           
 What test confirmed diagnosis Physc 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) A. S. Prestow, M. D.  
 (Address) Princeton, Mo.

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