SEP 25 1935

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

Do not use this space.

26419

File No. 3/66

Registered No. [illegible]

1. PLACE OF DEATH

County Jackson — Registration District No. [illegible]

Township ~~Kaw~~ — Primary Registration District No. [illegible]

City Kansas City (No. 110 West 68th St. Ward)

2. FULL NAME Olivia Ford Polk

(a) Residence, No. 110 West 68th 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	Sidowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Scott Polk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 18, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	71	6	20	

OCCUPATION

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

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) Missouri

FATHER

13. NAME F. Ford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Amanda Potter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Robert M. Polk 110 West 68th St

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Forest Hill DATE August 10, 1935

19. UNDERTAKER (ADDRESS) Stine & McClure 3235 Gillham Plaza

20. FILED 8-9 1935 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1935, to Aug 8, 1935

I last saw her alive on Aug 8, 1935 Death is said to have occurred on the date stated above, at A. m. 9:40

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

	Date of onset
Cerebral hemorrhage	8-4-35
Coronary occlusion	8-8-35
8 2 a 1	
Other contributory causes of importance:	
Arteriosclerosis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) N. A. Brayfock, M. D.

(Address) Medical Arts Bldg

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.