

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

Do not use this space.

MAY 19 1936

15088

1. PLACE OF DEATH

County Jackson
Township Ross
City New City

Registration District No. 399
Primary Registration District No. 102
(No. 1752 Summit)

File No. _____
Registered No. 1794
St. _____ Ward)

2. FULL NAME

Mrs. Mary Jane Poland
(a) Residence, No. 1752 Summit 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 Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Henry Poland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12 1857

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 | |
|--------|-----------|----------|-----------|----------------|---------|
| | | | | day, hrs. | or min. |
| | <u>78</u> | <u>2</u> | <u>20</u> | | |

| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> |
|------------|---|
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u> |
| | 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) San Francisco

13. NAME John Ahern

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Catherine Poland

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

17. INFORMANT (ADDRESS) James N. Poland
1752 Summit St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE April 4th 1936

19. UNDERTAKER (ADDRESS) Quincy Mortuary Co.
20 W. Duward

20. FILED Apr 3 1936 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 21 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/23/36 1936 to 4/2/36 1936
I last saw him alive on April 2 1936 Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Myocardial degeneration
Hypertension 930
Date of onset _____

Other contributory causes of importance: Senility

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 _____, 1936
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) Edson C. Canine, M. D.
(Address) 1722 W. 39th, City

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.

