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.

JUL 29 1936

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

Do not use this space.

1. PLACE OF DEATH
County Stoddard
Township Pike
City Bell City (No. ..... St. ..... Ward)

Registration District No. 834
Primary Registration District No. 45-015

File No. 25216
Registered No. 51

2. FULL NAME William George Polson
(a) Residence, No. RFD #1 St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
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 Agnes Polson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23 1857

7. AGE YEARS 78 MONTHS 8 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Perry County Missouri

FATHER
13. NAME Washington Polson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) George W. Polson 2861 A North Union, St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cemetery DATE June 22, 36

19. UNDERTAKER (ADDRESS) Frank Lay Funeral Service Charleston Mo.

20. FILED 6-25-, 1936 N. McKearly Registrar.

MEDICAL CERTIFICATE OF DEATH 10:15 P.M.

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

22. I HEREBY CERTIFY, That I attended deceased from June 11th, 1936, to June 21, 1936
I last saw him alive on June 21, 1936. Death is said to have occurred on the date stated above, at 10:15 P.m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

Other contributory causes of importance: Malaria

Name of operation — Date of —
What test confirmed diagnosis? — 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) C. O. Bennett, M. D.
(Address) Bell City, Mo