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.

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

SEP 28 1936

Do not use this space.

31927 235

1. PLACE OF DEATH
County Pettis — Registration District No. 168 — File No. ~~233234~~
Township — Primary Registration District No. 3032 — Registered No. 668
City Sedalia (No. 412 E. 12th St. Ward)

2. FULL NAME Jean Pohl
(a) Residence, No. 412 E 12th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Carl F Pohl

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 1, 1880

7. AGE: Years 56 — Months 3 — Days 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Boone, Iowa

FATHER
13. NAME: Elisha Briley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D. K.

MOTHER
15. MAIDEN NAME: Mary Foster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Hampshire

17. INFORMANT (ADDRESS): Carl F Pohl, Boonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Crown Hill — DATE: Aug 5 1936

19. UNDERTAKER (ADDRESS): McLaughlin Bros, Sedalia, Mo

20. FILED: Aug 5 1936 Jean Slack, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936 to Aug 3, 1936
I last saw her alive on Aug. 3, 1936 Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	[illegible]
46	

Other contributory causes of importance: [illegible]

Name of operation: Colectomy — Date of [illegible]
What test confirmed diagnosis: Clinical Operation — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? [illegible] — Date of injury ....., 19....
Where did injury occur? [illegible] (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 [illegible]
(Signed) [illegible], M. D.
(Address) [illegible]