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.

FEB 11 1936

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

Do not use this space.

File No. 47692
Registered No. 1057

809 791

1. PLACE OF DEATH—
County
Township
City St. Louis (No. City Hospital St. Ward)
Registration District No.
Primary Registration District No. 1008

A 16257

2. FULL NAME Baby Polson
(a) Residence, No. 3943 Shenandoah 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 18 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Mul
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 1936
7. AGE Years Months Days If LESS than 1 day, hrs. or min.
Stillborn

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
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) St. Louis (STATE OR COUNTRY) Mo.

FATHER
13. NAME Gone Polson
14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Virginia Coley
16. BIRTHPLACE (CITY OR TOWN) Gorrondel Ga. (STATE OR COUNTRY)

17. INFORMANT Mrs. Ivy M. Lyle (ADDRESS) City Hospital
18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE 1/31/36 19
19. UNDERTAKER Allaird Van Tassel (ADDRESS) City Morgue
20. FILED JAN 29 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/15/36

22. I HEREBY CERTIFY, That I attended deceased from 1/10, 1936, to 1/15/36, 19 I last saw h. alive on 1/10/36, 19 Death is said to have occurred on the date stated above, at 10:00 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn	
A. E. Attaway	

Other contributory causes of importance:

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?
If so, specify
(Signed) A. E. Attaway, M. D.
(Address) City Hospital