

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

Do not use this space.

FEB 19 1937

1. PLACE OF DEATH

County St. Francois

Registration District No. 775

File No. 2869

Township Osage

Primary Registration District No. 6020-A

Registered No. 4

City Osage (No. Mo)

St. _____ Ward)

2. FULL NAME

James Politte

(a) Residence No. Osage Sevier Mo St., _____ Ward.

(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 Male 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 Loise Ann Politte

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29, 1859

7. AGE YEARS 77 MONTHS 2 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 262

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blackwell, Missouri

13. NAME Leon Politte

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co, Missouri

15. MAIDEN NAME Evelyn Boyer

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

17. INFORMANT (ADDRESS) Mrs. James Politte Osage Sevier Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Cemetery DATE Jan 18 1937

19. UNDERTAKER (ADDRESS) Garthson & Co Osage Sevier Mo

20. FILED Jan 8 1937 N. W. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6 1937

22. I HEREBY CERTIFY, that I attended deceased from Nov 22 1936 to Jan 6 1937

I last saw him alive on Jan 5 1936. Death is said to have occurred on the date stated above, at 4 A.M.

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

Chronic Nephritis Date of onset unknown

Other contributory causes of importance: unknown

Name of operation _____ Date of _____
What test confirmed diagnosis Phys. ex. 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) J. H. Curran, M. D.
(Address) Osage Sevier Mo

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.

