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

FEB 8 1937 91

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 4164

Township ..... Primary Registration District No. ..... Registered No. 1207

City St. Louis (No. City Hospital No. 1 St. ..... Ward)

B. 14836

2. FULL NAME John Polson

(a) Residence, No. 3506 Papin St., 18 Ward. 1
(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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ellen Polson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 4, 1863

7. AGE: 73 YEARS | MONTHS: 6 | DAYS: 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: nil 262
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Former Blacksmith
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): Kentucky 2

FATHER

13. NAME: Levi Polson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee 2

MOTHER

15. MAIDEN NAME: Jelpha Jane Craig
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee 2

17. INFORMANT (ADDRESS): Hosp. Info. M.H. Kent City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pond, Missouri DATE January 28, 1937

19. UNDERTAKER (ADDRESS): Albert H. Hoppe Inc., 429 N. Euclid Avenue

20. FILED JAN 27 1937 J. H. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/26/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/12/37, 19, to 1/26/37, 19

I last saw him alive on 1/26/37, 19 Death is said to have occurred on the date stated above, at 12.35 m. p

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

	Date of onset
Hypertrophy of prostate-obstructing	Dec 1936
Pyelonephritis c. uremia	Jan 1937
Non Calculous	

Other contributory causes of importance: 137

Name of operation — Date of —

What test confirmed diagnosis? Clinical 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?

If so, specify

(Signed) Thos W. Loomy, M. D.

(Address) City Hospital No. 1

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.