MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8829

Township ..... Primary Registration District No. 1003 Registered No. 2318

City ..... (No. 3137 Clifton Ave St. ..... Ward)

2. FULL NAME Polly Wells

(a) Residence, No. 3137 Clifton St., 21 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Col	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 1920

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
16	8	15	

OCCUPATION

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

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

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) St Louis Mo

FATHER

13. NAME Williams Wells

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Co

MOTHER

15. MAIDEN NAME Mo.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lilly Mitchel St Louis Mo

17. INFORMANT (ADDRESS) Lillie Wells 3137 Clifton

18. BURIAL, CREMATION, OR REMOVAL

PLACE Greenwood DATE Feb 26 - 1937

19. UNDERTAKER (ADDRESS) Wright Funeral Home 2400 Eastern

20. FILED FEB 25 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 19 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 2 - 18, 1937, to 2 - 19, 1937

I last saw her alive on Feb 14, 1937. Death is said to have occurred on the date stated above, at 7:15 p.m.

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

Intestinal Obstruction
Intussusception

Date of onset

Other contributory causes of importance: ~~Ammonia~~

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? no

If so, specify .....

(Signed) Le Roy Dabbs M. D.

(Address) 1003 Glasgow Ave

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.