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.

MAY 17 1937

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

Do not use this space.

1. PLACE OF DEATH

1 County Adair — Registration District No. 4 — File No. 15546

2 Township — Primary Registration District No. 3001 — Registered No. 70

7 City Kirksville (No. Grim - Smith Hospital St. Ward)

2. FULL NAME Edward Clarence Polmeteer

(a) Residence, No. 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. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ina B. Polmeteer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 20 - 1872

7. AGE: YEARS 65 — MONTHS 2 — DAYS 27 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: International Shoe Fact

10. Date deceased last worked at this occupation (month and year): 4-1-1937

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kirksville Missouri

FATHER

13. NAME: Franklin N. B. Polmeteer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

MOTHER

15. MAIDEN NAME: Elizabeth Clesten

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know.

17. INFORMANT (ADDRESS): Ina B. Polmeteer, 415 W. Scott St. Kirksville Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Llewellyn Cem't DATE: 4-20- 1937

19. UNDERTAKER (ADDRESS): DeKiley Funeral Home, Kirksville Mo

20. FILED: April 20 1937 Spencer L. Freeman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1933, to April 17, 1937

I last saw him alive on April 17, 1937. Death is said to have occurred on the date stated above, at 6:10 P.m.

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

	Date of onset
Uremia about	Jan 1937

Other contributory causes of importance:

Cancer of Prostate about	2 yrs

Name of operation: Suprapubic cystotomy Date of 4-13-37

What test confirmed diagnosis? Pathological slide. 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) George E. Grim, M. D.

(Address) Kirksville, Mo