

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

Do not use this space.

**MAY 31 1937**

17569

1. PLACE OF DEATH  
 96 County St. Louis Registration District No. 790  
 7 Township Clayton Primary Registration District No. 6033-A  
 7 City Clayton (No. St. Louis County Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Polston, John Arthur  
 (a) Residence, No. 9383 Golden Gate Rock Hill Village Rock Hill Village, Mo.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred -- yrs. -- mos. 14 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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 Madgie Lavina Wymer Madge Polston  
~~XXXXXXXX~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
49 83 17

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18 1937 to April 2 1937  
 I last saw him alive on April 2 1937 at 2:15 A.M. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

Sober pneumonia

Date of onset 3/25/37

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nightwatchman  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tile factory  
 10. Date deceased last worked at this occupation (month and year) 1936 Dec.  
 11. Total time (years) spent in this occupation 6

FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford Tennessee  
 13. NAME John Polston  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER  
 15. MAIDEN NAME Helen Bice  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Mrs. Madgie Polston (wife)  
 (ADDRESS) Golden Gate Dr. Rock Hill, Mo.

18. BURIAL, CEMETERY, OR REPOSAL Fairview Church  
Steelville, Mo. DATE April 3, 1937

19. UNDERTAKER (ADDRESS) W. C. W. Laughlin  
Webster Groves, Missouri.

20. FILED 4/2 1937 Dr. J. Signorilli  
 Registrar.

Other contributory causes of importance: 108

Name of operation hemorrhoidectomy Date of 3/11/37  
 What test confirmed diagnosis? X-ray 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) J. O. Mowrey, M. D.  
 (Address) St. Louis County Hosp. Clayton, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

