

JUL 3 0 1937

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

Do not use this space.

1. PLACE OF DEATH

County Livingston Registration District No. 508 File No. 24191
Township _____ Primary Registration District No. 3026 Registered No. 86
City Chillicothe (No. _____) St. _____ Ward _____

2. FULL NAME Polly May Stick

(a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
(Usual place of abode)

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1886
7. AGE YEARS 50 MONTHS 10 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hausbeijing
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
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) Bedford Mo.

13. NAME Robert Hussey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Mary J Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) R. I.

17. INFORMANT Eileen Sweeney (ADDRESS) St. Charles

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashton Mo. DATE June 13, 1937

19. UNDERTAKER James Gordon (ADDRESS) Chillicothe Mo.

20. FILED June 12, 1937 Donald W. Newell, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1937

22. I HEREBY CERTIFY That I attended deceased from Nov 20, 1937 to June 11, 1937

I last saw her alive on June 10, 1937 Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Season of liver Date of onset: 1936

Other contributory causes of importance: 40

Name of operation Exploring abdomen Feb. 15

What test confirmed diagnosis? Op. Was there an autopsy? Yes

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) Chillicothe, M. D.

(Address) Mo.

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

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