

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 Marion

Registration District No. 547

File No. 24250

Township Marion

Primary Registration District No. 3219

Registered No. 175

City Leavenworth

(No. Leavenworth Hospital)

St. 3rd

Ward

2. FULL NAME Reid Poling

(a) Residence, No. 217 South 4th

St. 3rd

Ward.

(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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Myrtle

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

Nov 4, 1893

7. AGE

YEARS

43

MONTHS

7

DAY

7

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Carpenter/Helper

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)

Salem Indiana

13. NAME

Isaac Reid Poling

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

Ind.

15. MAIDEN NAME

Annie B. Goodpasture

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

Ind.

17. INFORMANT (ADDRESS)

Myrtle Poling 217 South 4th St

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memphis Tenn

DATE June 14

1927

19. UNDERTAKER (ADDRESS)

Jan. H. ... Leavenworth Mo

20. FILED

6/12 1937

1937

H.C. Fisher

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

June 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from

5-28, 1937, to 6-12, 1937

I last saw him alive on 6-12, 1937 Death is said

to have occurred on the date stated above, at 4:30 a.m.

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

Scarlet fever

Date of onset 5-26-37

Other contributory causes of importance:

Acute nephritis - uremia
Acute myocarditis

5-28-37
5-30-37

Name of operation

Date of

What test confirmed diagnosis? thrombocytopenic 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) Howard ..., M. D.

(Address) Leavenworth Mo

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.

