

OCT 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Adair Registration District No. 4
Township Clinton Primary Registration District No. 3001
City Keosauqua (No. _____) Ward _____

File No. 33514
Registered No. 194
St. _____ Ward _____

2. FULL NAME

Polly Ann Bills
(a) Residence, No. 1201 E. George 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF F. Bills (Flavino Bills)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 7 16
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Kentucky

MOTHER FATHER 13. NAME Abraham Powell

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

15. MAIDEN NAME Lurinda Dale

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

17. INFORMANT (ADDRESS) Erna Davis
Keosauqua Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Unionville DATE Sept 24, 1937

19. UNDERTAKER (ADDRESS) Comstock Mercantile Co.
Unionville, Mo.

20. FILED Sept 25, 1937 Spencer L. Freeman
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 19____ to 19____
I last saw her alive on Sept 17, 1937. Death is said to have occurred on the date stated above, at 7:45 a.m.
The principal cause of death and related causes of importance were as follows:

Cancer of Pancreas Date of onset _____
Other contributory causes of importance: old age 46

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 1937

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) L. J. Cameron, M. D.
(Address) Keosauqua Mo.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

