NOV 24 1937

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

Do not use this space.

1. PLACE OF DEATH
County Warren
Township Elkhorn
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 881
Primary Registration District No. 6171

File No. 39063
Registered No. 39

2. FULL NAME Infant Girl - not named,

(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 female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10 - 13 - 1937

7. AGE YEARS | MONTHS | DAYS 3.2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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) Warrenton, Mo.

FATHER
13. NAME James M. Polston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Warrenton Missouri

MOTHER
15. MAIDEN NAME Susie Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co Missouri

17. INFORMANT (ADDRESS) James M Polston R 7 Dale Wright City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Macedonia Ch. Cem. DATE Oct 17, 1937

19. UNDERTAKER (ADDRESS) F.W. Nieburg Warrenton Mo.

20. FILED Oct. 17, 1937 A. W. Nieburg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1937, to Oct 15, 1937
I last saw her alive on Oct. 15, 1937. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart disease - patent foramen ovale	10-13-37

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Other contributory causes of importance:
Maldevelopment - Wt 3 pounds

Name of operation None Date of .....
What test confirmed diagnosis? None 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) Charles L Garcia, M. D.
(Address) Warrenton 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.