REC'D APR 5 1938

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

Do not use this space.

File No. 11059

Registered No.

1. PLACE OF DEATH

County Jasper — Registration District No. 408

Township — Primary Registration District No. 3020

City Carthage (No. McGune Brooks Hospital St. Ward)

2. FULL NAME Polina Katherine Dennison 52.5

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

Length of residence in city or town where death occurred m yrs. m mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 26, 1923

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
15	2	26	

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. Student

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Jasper County (STATE OR COUNTRY) Missouri

FATHER

13. NAME Jesse M. Dennison

14. BIRTHPLACE (CITY OR TOWN) Jasper County (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Florence Kee

16. BIRTHPLACE (CITY OR TOWN) Jasper County (STATE OR COUNTRY) Missouri

17. INFORMANT Jesse M. Dennison (ADDRESS) Sarcoxie, Mo. Routel.

18. BURIAL, CREMATION OR REMOVAL PLACE Cave Spring Cemetery DATE March 24, 1938

19. UNDERTAKER Glen P. Cole (ADDRESS) Sarcoxie, Missouri

20. FILED Mar. 23, 1938 W. M. Howard, MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 13, 1938, to Mar 22, 1938

I last saw h. alive on Mar 22, 1938. Death is said to have occurred on the date stated above, at 4:15 PM.

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

	Date of onset
acute gangrenous appendicitis	
121'	

Other contributory causes of importance:

general peritonitis

Name of operation appendectomy Date of 3/14/38

What test confirmed diagnosis? operation 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) George H. Wood, M. D.

(Address) Carthage 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.