

OCT 26 1938

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

Do not use this space.

33213

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Escher (No.)

Registration District No. 224
Primary Registration District No. 6018B

File No.
Registered No. 806 (Ward)

2. FULL NAME Harvey Polite

(a) Residence, No. Arthur 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1938, to Sept 10 1938

I last saw her... alive on Sept 7, 19... Death is said to have occurred on the date stated above, at 10:45 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26th 1856

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 82 8 16 14

Chor. myo carditis Date of onset

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) 7-10-38 11. Total time (years) spent in this occupation. 60

Other contributory causes of importance: None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bismarck

13. NAME John Horton

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

15. MAIDEN NAME Margaret Bronko

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

17. INFORMANT Frank Polite (ADDRESS) Escher Mo.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn PLACE DATE 9-11-38

19. UNDERTAKER Baldwell Bros (ADDRESS) Escher Mo.

20. FILED 9/22 1938 B. Turner Registrar.

Name of operation None Date of

What test confirmed diagnosis? Exam 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 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) C. H. Applegate M. D.

(Address) 714th Avenue

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

