

3570 MAY 12 1939

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

15227
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 421
(b) Township Easton Primary Registration District No. 4249
(c) City Easton (d) Street No. 1 St. 1
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 335

2. PRINT/FULL NAME

(a) Residence, No. 430 Joseph R Polittle St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 84 11 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) Richwoods Mo

FATHER 13. NAME John Polittle

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

MOTHER 15. MAIDEN NAME Mary Courtois

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

17. INFORMANT (ADDRESS) Mary Polittle Easton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic DATE 4-11 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank Reed Co Easton Mo

20. FILED 4/10 1939 J. E. Rutledge, M. D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1939, to Apr. 8, 1939
I last saw ~~him~~ her alive on Apr. 7, 1939. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:
Bronchial pneumonia Date of onset 4/1/1939

Other contributory causes of importance:
asthma - age

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....., 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?.....
If so, specify J. E. Rutledge, M. D. (Signed) Easton, Mo. (Address) 385

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.

50
1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Eleana Province

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Eleana Province

Licensed Embalmer No.

3403

P. O. Address

Festers W

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.