Rev. 5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8506

Registration District No. 841 Primary Registration District No. 6152 Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Old Mines Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Marion Fox (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Wash 110
(c) City or town Old Mines Mo (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Thomas T. Poitte (POLITTE)
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar (Month) 11 (Day) 1881 (Year)
8. AGE: Years ~~60~~ 59 Months 9 Days 3 If less than one day hr. min.
9. Birthplace Old Mines (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business Miner
FATHER
12. Name Cyprien Pollitt
13. Birthplace Old Mines (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Veronica Tiko
15. Birthplace Old Mines (City, town, or county) Mo (State or foreign country)
16. (a) Informant Daily Pollitt
(b) Address Old Mines Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb (Month) 16 (Day) 1941 (Year)
(c) Place: burial or cremation Old Mines
18. (a) Signature of funeral director Sparks
(b) Address Potosi Mo
19. (a) Feb 15 41 (Date received local registrar) (b) G F Cresswell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14 year 1941 hour 5 minute P M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h 11 alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death ~~Myocardial Degeneration~~ Coronary Occlusion

Due to

Due to 94

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature D M Davidson D.O. (M.D. Coroner)
Address Belgrade, Mo Date signed 2/17/41

(Licensed Embalmer's Statement on Reverse Side)

(ग्रा 1209)

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, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Everett Sparks

Licensed Embalmer No. 2639

P. O. Address Elvins Mo

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, fact should be so stated above.

S. No. 2B
M—2-21-40
I X22659

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8506

Registration District No. 887 Primary Registration District No. 6182 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Wash.
(b) City or town Union T. P.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Thomas T. Blitte
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased Mar 11 (Month) 1881 (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	9	31	hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) May 1-41 (Date received local registrar) (b) G. F. Cressurte (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14
year 1941 hour minute M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury
23. Signature D. M. Davidson (M. D. or other)
Address Belgrade Mo Date signed