

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

Do not use this space.

1314

1. PLACE OF DEATH

County Jackson
Township East
City Kansas City (No. 309 Benton)

Registration District No. 399
Primary Registration District No. 1002

File No. 200
Registered No. 200
St. Ward

2. FULL NAME

Elyzabeth Polite
(a) Residence. No. Osawatomie Ks. St. Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Fe

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

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

Levi Polite

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

May-15-1845

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

82

8

8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ill

10. NAME OF FATHER

Unk Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14. INFORMANT

Mrs. H. J. Wade
(Address) 316-W-41-Coffeyville Ks

15. FILED

Jan. 24 1928 M. M. Green
Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Jan - 23 1928

17.

I HEREBY CERTIFY, That I attended deceased from Sept 1, 1927, to Jan 23, 1928

that I last saw her... alive on Jan 23 1928 and that death occurred, on the date stated above, at 7 25 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Paresis
General Paralysis
of Insane
of Insane
(duration) 17 yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Arterio sclerosis (duration) 15 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? General Systems

(Signed) J. F. Kessler, M. D.

1/24 1928 (Address) 630 Cottage Bldg K.C. Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Osawatomie Ks. Jan - 24 1928

20. UNDERTAKER

ADDRESS

Mrs C L Foster Kansas City 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.

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

630 *ingale*

B-1

Gentlemen:

In answer to the above, will say I am unable to give any other cause for the general paralysis. I did not have any history and was not in attendance, only called on the date of death.

Respectfully,

Dr. J. F. Koogler.

Dr. J. F. Koogler

(S2)-1314

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Jackson Registration District No. 299 File No.
 Township W. 2 Primary Registration District No. 1002 Registered No. 228
 City W. 2 (No.), St. Ward

2. FULL NAME

Elizabeth Polity
 (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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15 - 1845

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT
(Address)

15.

FILED 1/24 28 M. M. Browe
 19 28 REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 22 1928

17. I HEREBY CERTIFY, That I attended deceased from
 to
 that I last saw h. at
 death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

parents General Paralysis of Insane

(duration) 3 yrs. mos. ds.

CONTRIBUTORY ARTERIOSCLEROSIS

(SECONDARY) (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. D.
 , 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

19

20. UNDERTAKER

ADDRESS

N. B.—Every statement should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHOULD RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

5-1314