

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

Do not use this space.

29710
~~8905~~

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... (No. *City Hoop*)..... St. Ward)

2. FULL NAME

Edgar J. Polittle
(a) Residence. No. *374th St. Jefferson* St. *24* 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. da:

PERSONAL AND STATISTICAL PARTICULARS

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

Male | *white* | *Single*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Oct 15 - 1903*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ___ hrs. or ___ min.
<i>25</i>	<i>10</i>	<i>16</i>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Carpenter Helper*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Desloge Mo*
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER *Steve Polittle*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Mo*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Mary Downey*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Mo*
(STATE OR COUNTRY)

14. INFORMANT *Clarence Polittle*
(Address) *2751 Chippewa St*

15. FILED *Mar C. Stanley* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *8-31-29*

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
that I last saw him alive on 19....., and that death occurred, on the date stated above, at *12:30 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bruise shot wound of spine
17 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *Just before homicide*
..... 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) *Wm D. Swart*, M.D.

9/2/29 (Address) *Corner*

*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 *West Hoop Cem.* DATE OF BURIAL *9/3/29*

20. UNDERTAKER *Jos. P. Gaudin Jr.* ADDRESS *7128 Michigan*

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.

SEP 1 1989