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

Do not use this space.
24063

1. PLACE OF DEATH

County ST. FRANCOIS — Registration District No. 773 — File No. 11B

Township — Primary Registration District No. 6018A — Registered No.

near City FARMINGTON MO. (No. STATE HOSPITAL NO. 4 St. Ward)

2. FULL NAME Gertrude Emma Politte

(a) Residence. No. Elvins Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 5, 1900

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
29		8	9	

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) Not known
(STATE OR COUNTRY) Washington Co. Mo.

PARENTS

10. NAME OF FATHER Washington Politte
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Washington Co. Mo.
12. MAIDEN NAME OF MOTHER Jennie Ross
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Washington Co. Mo.

14. INFORMANT Hospital records
(Address) Albert R Politte

15. FILED 7/14/30 B J Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14, 1930

17. I HEREBY CERTIFY, That I attended deceased from July 7, 1928, 19 to July 14, 1930 19 that I last saw her alive on July 14, 1930, 19, and that death occurred, on the date stated above, at 6:10 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General peritonitis, cause unknown

126 129 84

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Insanity

(duration) yrs. mos. ds.

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? Clinical

(Signed) Ralf Hanks, M. D.
7/14, 19 30 (Address) Farmington, 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 Parkview Cemetery — DATE OF BURIAL 7-7 1930

20. UNDERTAKER Jos Diemer — ADDRESS Flat River 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.

AUG 28 1930