

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

Do not use this space.

40838

1. PLACE OF DEATH

County Jackson
Township St. Lawrence
City Kansas City (No. 1007 East 14)

Registration District No. 201
Primary Registration District No. A 2 83

File No. _____
Registered No. 1091
St. 1001 Ward

2. FULL NAME

(a) Residence, No. 1007 East 14 St. 2 Ward. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-25-1857</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>no</u>
	DAYS <u>8</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as silk mill, 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) <u>Illinois</u>		
FATHER	13. NAME <u>David Polclazier</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
MOTHER	15. MAIDEN NAME <u>Polly Plaver</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT <u>Mr. John Polclazier</u> (ADDRESS) <u>Flouring Mill</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ottawa Kan</u> DATE <u>Dec 3</u> 19 <u>31</u>		
19. UNDERTAKER <u>A. P. Washler</u> (ADDRESS) <u>1415 East 15</u>		
20. FILED <u>1/2</u> 19 <u>31</u> <u>M. M. Croome</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-3 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:
Acute decten Heart Date of onset

9:30
9:55

Other contributory causes of importance:
Chronic my carditis

Name of operation _____ Date of _____
What test confirmed diagnosis _____ Was there an autopsy Yes

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, 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 _____
(Signed) Stanley M. Hall M. D.
(Address) Deputy Coroner

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

