

SEP 17 1934

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

Do not use this space.

30099

1. PLACE OF DEATH

County Merew
Township Harrison
City (No. _____) _____

Registration District No. 558Primary Registration District No. 5749

File No. _____

Registered No. 57

St. _____

Ward _____

2. FULL NAME Delana H. Polarf(a) Residence, No. Merew Co. St. _____ Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 80 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Widowed

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

WidowedHenry C. Polarf

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

8-27-1853

7. AGE

YEARS

80

MONTHS

11

DAYS

10

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

X10. Date deceased last worked at this occupation (month and year) 1-12-192211. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Indiana

FATHER

13. NAME

E. R. Sexton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Not known

MOTHER

15. MAIDEN NAME

Mary Ellen Nicholson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

North Carolina

17. INFORMANT (ADDRESS)

Carl Polarf
Cassville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Joarlemetary

DATE

8-8-1934

19. UNDERTAKER (ADDRESS)

J. E. Johnson
Cassville Mo.

20. FILED

8/1819 34J. M. Ruckey

Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

8-7-1934

22. I HEREBY CERTIFY, That I attended deceased from

July 9 1934, to 8-7- 1934I last saw h. w. alive on July 25, 1934 Death is saidto have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Organic Disease of Heart
Initial Insufficiency

Other contributory causes of importance:

Herpes Zoster

Name of operation

None

Date of _____

What test confirmed diagnosis

NoneWas there an autopsy? No

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, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed)

Cassville Mo.

H. Nally, M. D.

