

JAN 17 1939

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

43570
Do not use this space.

1. PLACE OF DEATH

(a) County LACLEDE 2 Registration District No. 451
(b) Township ELDRIDGE 1 Primary Registration District No. 5616
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ORA POLLEY

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 17-1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 10 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
9. Industry or business in which work was done, as 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) PLAD MO

FATHER 13. NAME JOHN A POLLEY

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. JOSEPH MO

MOTHER 15. MAIDEN NAME ENNA HIGGINS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DALAS CO MO

17. INFORMANT (ADDRESS) CURTIS GREGORY Eldredge Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE HOUBA CEMETARY DATE DEC 30 1938

19. FUNERAL DIRECTOR (ADDRESS) PALMER'S LEBANON MO

20. FILED Jan 1 1939 Nora Cole Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC 30 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1938 to 12-30 1938

I last saw him alive on 12-28 1938 Death is said to have occurred on the date stated above, at 430 A.M.

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

Tuberculosis, Myocard, Myocard, Myocard and Brain intestinal track.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was 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) Paul A. Fontaine, M. D.

(Address) Lebanon, Mo

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.

50M-7-20-37 I 1 X12004

RECEIVED

District Health Officer No. 71-
District File Number 2-29-60
Date Filed 1-11-39

STATEMENT BY LICENSED EMBALMER

I, Robert, Licensed Embalmer No. 1161

hereby certify that the body recorded on the reverse side of this certificate was embalmed by not

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Robert

Licensed Embalmer No. 1161

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)