

1939 FEB 6

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

Do not use this space.

4242

1. PLACE OF DEATH

County Washington
Township Union
City Union (No. 1)

Registration District No. 887
Primary Registration District No. 1182

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Politte

(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 7 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-10-1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) This Co., Mo.

13. NAME Paul Politte

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

15. MAIDEN NAME Alice Trohey

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

17. INFORMANT Paul Politte (ADDRESS) Adelphi Mo. A.I.

18. BURIAL, CREMATION, OR REMOVAL PLACE Polonia, Mo. DATE 1-11 1939

19. UNDERTAKER J.B. Boyer & Son (ADDRESS) 808

20. FILED Jan 11 1939 G.F. Remmers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10 1939

22. I HEREBY CERTIFY That I attended deceased from 1-10 1939 to 1-10 1939

I last saw him alive on never 19____. Death is said to have occurred on the date stated above, at 3:20 P.M.

The principal cause of death and related causes of importance were as follows:
premature 6 mo.

Other contributory causes of importance:
pyelitis

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

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?
If so, specify _____

(Signed) Joseph L. Thurman, M. D.
(Address) Polonia, 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.

