

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.

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

Do not use this space.

JAN 8 1935

41894

1. PLACE OF DEATH

County Barry Registration District No. 37  
Township Washburn Primary Registration District No. 5053  
City (No. ) St. Ward

2. FULL NAME

Polly Ann Roller

(a) Residence, No. Seligman, Mo. R.F. Dist. Ward.

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17 1849

7. AGE YEARS 85 MONTHS 11 DAYS 13 If LESS than 1 day, hrs. or min.

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. 13

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) Hancock County, Tenn.

13. NAME Pitger Edens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hancock County, Tenn.

15. MAIDEN NAME Melinda Ann Rogers

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

17. INFORMANT (ADDRESS) James A. Roller, Seligman Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE P. E. Roller Cemetery, Dec 31 1934

19. UNDERTAKER (ADDRESS) Harine Culver, Cassville, Missouri

20. FILED 12/31 1934 Jewell Roller Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1934 to Dec 29 1934

I last saw h. s. r. alive on Dec 29 1934 Death is said to have occurred on the date stated above, at 10 A. m.

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

Acute myocardial failure Date of onset 3 days

Other contributory causes of importance: Chronic Nephritis, Chronic Hypertension, and Senility. 10 yrs 11

Name of operation None Date of no

What test confirmed diagnosis? Typical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no 19 no

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 no Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? If so, specify no

(Signed) H. W. Poor M. D. (Address) Cassville, Mo.

