

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

Do not use this space.

FEB 10 1937

1. PLACE OF DEATH

County St. Francois  
Township Berry  
City Booneville Mo (No. \_\_\_\_\_)

Registration District No. 175  
Primary Registration District No. 6020-A

File No. 2869  
Registered No. 4

2. FULL NAME

James Polittle  
(a) Residence No. Booneville Mo St. Ward. \_\_\_\_\_  
(Usual place of abode)

(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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rosie Ann Polittle</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 29, 1859</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>2</u>
	DAYS <u>6</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	11. Total time (years) spent in this occupation. <u>1</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>262</u>	
	10. Date deceased last worked at this occupation (month and year)	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Blackwell, Missouri</u>	
	13. NAME <u>Leon Polittle</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington Co, Missouri</u>	
	15. MAIDEN NAME <u>Evelyn Boyer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>	
17. INFORMANT (ADDRESS) <u>Mrs. James Polittle Booneville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Cemetery</u> DATE <u>Jan 18 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Carthage Mfg Co Booneville Mo</u>		
20. FILED <u>Jan 8 1937</u> <u>N. W. Hawkins</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6 1937

22. I HEREBY CERTIFY, that I attended deceased from Nov 22 1936 to Jan 6 1937  
I last saw him alive on Jan 5 1937. Death is said to have occurred on the date stated above, at 4 A.M.  
The principal cause of death and related causes of importance were as follows:  
Chronic Nephritis Date of onset unknown

Other contributory causes of importance:  
unknown

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Phys. ex. 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) A. L. Evans M. D.  
(Address) Booneville 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.

