MAR 29 1937

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

Do not use this space.

1. PLACE OF DEATH
County Washington
Township Bulton
City ..... (No. ..... St. ..... Ward)

Registration District No. 887
Primary Registration District No. 6179

File No. 13992
Registered No. .....

2. FULL NAME Joseph Polette

(a) Residence No. ..... 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 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~~ Harriett Roussen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8, 1855

7. AGE YEARS 81 MONTHS 5 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. Farmer
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) Old Mines Mo

FATHER
13. NAME Edward Polette
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old Mines Mo

MOTHER
15. MAIDEN NAME Myra Bone
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old Mines Mo

17. INFORMANT (ADDRESS) J. Polette

18. BURIAL, CREMATION, OR REMOVAL
PLACE Potosi Potosi DATE Mar 8 1937

19. UNDERTAKER (ADDRESS) J. B. Boyer

20. FILED Mar 6 1937 G. F. Crossmee Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1937, to March 6, 1937
I last saw him alive on March 5, 1937. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

108

Other contributory causes of importance:
Arteriosclerosis

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? no
If so, specify .....
(Signed) [illegible], M. D.
(Address) Potosi 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.

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