

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

Do not use this space.

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24057

1. PLACE OF DEATH

County Washington
Township Liberty
City (No.) St. Ward

Registration District No. 887
Primary Registration District No. 6181

File No.
Registered No. 36 St. Ward

2. FULL NAME

Marie Theresa Polittle

(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 ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? ? 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 ? ? ?

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) Mo. 1

FATHER 13. NAME John Jacob Deelue
14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Washington Co. Mo

MOTHER 15. MAIDEN NAME Marie Thecla Boyer
16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Washington Co. Mo

17. INFORMANT (ADDRESS) Henry E. Polittle

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Mines Mo DATE 6-19-31

19. UNDERTAKER (ADDRESS) J. B. Boyers & Son

20. FILED 6-19 1931 Jos. L. Thurman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1931

I HEREBY CERTIFY That I attended deceased from June 15, 1931, to June 18, 1931
I last saw her alive on June 18, 1931 Death is said to have occurred on the date stated above, at 8:30 AM.

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

Chronic interstitial nephritis Date of onset

Other contributory causes of importance: 191 191

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 Jos. L. Thurman, M. D.
(Signed) Jos. L. Thurman
(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.

JUL 28 1931

