

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 26 1937

45992

1. PLACE OF DEATH

County St. FrancoisRegistration District No. 224Township St. FrancoisPrimary Registration District No. 4465City Flat River, Mo.

(No.)

St.

Ward)

2. FULL NAME

(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

Female

4. COLOR OR RACE

White race.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Unmarried

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFMr. Steve Surley

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

December 12 - 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

75923

OCCUPATION

8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc.

Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

own home

10. Date deceased last worked at this occupation (month and year)

12-5-36

11. Total time (years)

spent in this

occupation

55

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mississippi

FATHER

13. NAME David Nelson Polston14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville, Tennessee

MOTHER

15. MAIDEN NAME Margaret Shippard Polston16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT

(ADDRESS)

Mrs. Lebbie Shinn, Sister
Polston Arkansas

18. BURIAL, CREMATION, OR REMOVAL

PLACE Woodson - Three Rivers DATE December 7, 1936

19. UNDERTAKER

(ADDRESS)

Mrs. W. H. Hood
Flat River, Mo.

20. FILED

1-4

1937

C. B. Harrar

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Dec 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Apr 10, 1936, to Dec 5, 1936I last saw him alive on Dec 1, 1936 Death is said

to have occurred on the date stated above, at m.

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

General Atrophic Sclerosis Date of onsetChronic Miliary TBBroncho Pneumonia

Other contributory causes of importance:

Name of operation Obit

Date of

What test confirmed diagnosis?

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?

If so, specify R. Applegate

(Signed)

(Address)

Forneyton, Mo.

