

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

Do not use this space.

MAR 24 1936

1. PLACE OF DEATH

County Mississippi
 Township Shropshire
 City Charleston, Mo. (No. _____)

Registration District No. 566
 Primary Registration District No. 3030

File No. 6869
 Registered No. 30 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 10000 2000 St. Polston (If nonresident, give city or town and State)
 (Usual place of abode)

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-Cauc</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>none</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 1-1868</u>		
7. AGE <u>68</u>	YEARS <u>92</u>	MONTHS <u>92</u>
DAYS		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>fisherman</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>
	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) Mississippi County

13. NAME Mr. David N. Polston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mobile Alabama

15. MAIDEN NAME Margaret Shepherd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Middle Tennessee

17. INFORMANT Mrs. Laura Turley - Sister
 (ADDRESS) Flat R w m

18. BURIAL, CREMATION, OR REMOVAL
 PLACE M. W. Cemetery DATE February 24, 1936

19. UNDERTAKER Alvin W. Hood - Frank Taylor
 (ADDRESS) Flat River, Mo.

20. FILED 2-24 1936 F O J
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1/20, 1936, to Feb 22, 1936
 I last saw him alive on Feb 21, 1936 Death is said to have occurred on the date stated above, at 2000 m.

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

Date of onset 2/13/36
Auricular Fibrillation
650
 Other contributory causes of importance:
2nd degree heart block

Name of operation none Date of _____
 What test confirmed diagnosis? ec. Symp Was there an autopsy? no

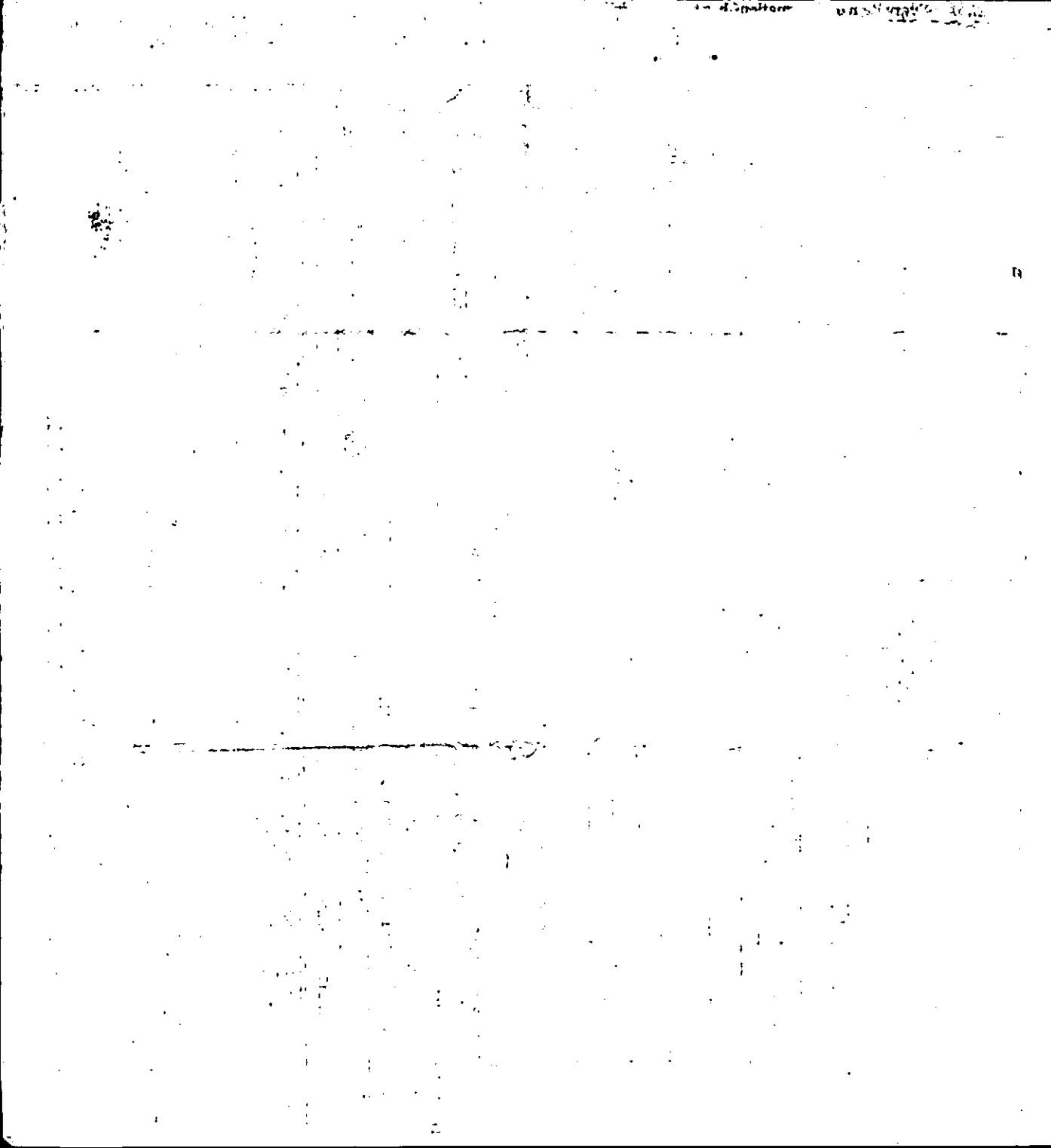
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

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 _____
 (Signed) E. C. Ralwing, M. D.
 (Address) Charleston, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be 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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1. PLACE OF DEATH

County Mississippi
Township Charleston
City Charleston (No., St., Ward)

Registration District No. 5-66
Primary Registration District No. 3030

File No.
Registered No.

2. FULL NAME

Melton Edward Palston

(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 S (Write the word)

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

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

7. AGE YEARS 68 MONTHS 21 DAYS If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1936

22. I HEREBY CERTIFY, That I attended deceased from 19, to 19

I last saw him alive on 19 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:

Date of onset

Other contributory causes of importance:

2d degree burns

Name of operation Date of operation
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (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 (Signed) Chas Palston M. D.
(Address) Charleston

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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