

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

Do not use this space.

10382

**1. PLACE OF DEATH**

County St. Francois Registration District No. 775 File No. \_\_\_\_\_  
 Township Big River Primary Registration District No. 6019 Registered No. 24  
 City Blackwell Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

**2. FULL NAME**

Mrs. Evelyn Castell Politto  
 (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 70 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 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 2, 1837

7. AGE: YEARS 91 MONTHS 1 DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Old Mines  
 (STATE OR COUNTRY) Washington Co Mo

10. NAME OF FATHER Lewis Boyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Genivieve  
 (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Mary Castell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Old Mines  
 (STATE OR COUNTRY) Washington, Mo

14. INFORMANT Mrs. Belle Politto Haley  
 (Address) Blackwell Mo

15. FILED 3/1/28 1928 T. C. Olson REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 2 1928

17. I HEREBY CERTIFY, That I attended deceased from 9:25 2-25, 1928, to 3-1, 1928 that I last saw h. 2... alive on 2... 28, 1928, and that death occurred, on the date stated above, at 10:40 p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Fracture Hip joint  
accidental fall  
along with old age  
 (duration) \_\_\_\_\_ yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) 1875  
 (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) S. F. Thurman, M. D.  
3-3, 1928 (Address) Potosi

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Tiff Mo. Removal DATE OF BURIAL March 3 1928

20. UNDERTAKER None ADDRESS \_\_\_\_\_

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.

