

JUL 31 1937

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

Do not use this space.

24768

1. PLACE OF DEATH

County St. Francois

Registration District No. 773

Township St. Francois

Primary Registration District No. 6. a. l. B. A

Near

City Farmington, Mo.

(No. _____)

St. _____

Ward _____

File No. _____

Registered No. 112

2. FULL NAME

Ada Politte

(a) Residence, No. Desloge, Mo. St. _____ Ward. _____

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

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

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

7. AGE YEARS 51 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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) Ste. Genevieve County Missouri

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste. Genevieve County Missouri

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste. Genevieve County Missouri

17. INFORMANT (ADDRESS) Hospital Records Farmington, Missouri

18. BURIAL PLACE (ADDRESS) Bonne Terre, Mo. DATE June 19, 1937

19. UNDERTAKER (ADDRESS) Benham Undertaking Co. Bonne Terre, Mo.

20. FILED 6/17/37 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1937

I HEREBY CERTIFY, That I attended deceased from September 4, 1933, to June 17, 1937

I last saw him alive on June 16, 1937. Death is said to have occurred on the date stated above, at 5:35P.m.

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

Cerebral Hemorrhage, massive (Probably left cerebral peduncle death)

Date of onset 6/17/35

Other contributory causes of importance: Arteriosclerosis, generalized + mild ? Preliminary edema Dementia Proximal

Date of onset 1909

Name of operation None Date of _____

What test confirmed diagnosis? Clinical 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? No

If so, specify _____ (Signed) C. C. Oult, M. D.

(Address) Farmington, Mo.

WRITE PRINTING WITH GRADING 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.

