

REGD MAR 15 1939

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

Do not use this space.

1. PLACE OF DEATH

County

Caldwell 2

Registration District No.

99

Township

Rockford 1

Primary Registration District No.

514B

City

(No.)

File No.

6055

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

5 Miles N. W. of Elmira, Mo.

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

Male

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

Elizabeth Pollard

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

March 16-1866

7. AGE

YEARS

72

MONTHS

10

DAYS

5

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Farmer

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)

Missouri

FATHER

13. NAME

John Pollard

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

Tenn

MOTHER

15. MAIDEN NAME

Pheobe King

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

Missouri

17. INFORMANT (ADDRESS)

Mrs Ruth Davis
Lawson Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Elmira Cemetery

DATE

Feb 22

1939

19. UNDERTAKER (ADDRESS)

James A Moler
Lawson, Mo.

20. FILED

Mar 1

1939

Miss Wylie Thompson

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Feb 21

1939

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 19

1939

to Feb. 20

1939

I last saw him alive on Feb. 20, 1939. Death is said

to have occurred on the date stated above, at 1:25 P.M.

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

Cerebral Hemorrhage with
Left Hemiplegia
Chronic Arteriosclerosis
Essential Hypertension

Date of onset

Other contributory causes of importance:

93C

Name of operation.....

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)

Oletus Buchner, M. D.

(Address)

Lawson Missouri

103

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.

RECEIVED

District Health Officer No. 11,

District File Number 39-121

Date Filed MAR 10 1939