WRITE PLAINLY, WITH UNFADING 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.

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

PLACE OF DEATH

County: Bates

Township: ____ or Village: ____ or City: Butler (NO. Chestnut St.; ____ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

Registration District No. 50 File No. 19442

Primary Registration District No. 3004 Registered No. 32

FULL NAME: George Washington Pollock

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Married

DATE OF BIRTH: Nov (Month) 16 (Day) 1843 ~~1842~~ (Year)

AGE: 68 yrs. 6 mos. 20 ds. If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer): B & O

BIRTHPLACE (City or town, State or foreign country): New York.

PARENTS
NAME OF FATHER: Alexander Pollock
BIRTHPLACE OF FATHER (City or town, State or foreign country): New York
MAIDEN NAME OF MOTHER: Aunt ____
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rudolph Pollock

(ADDRESS) Butler Mo

Filed June 7 1912 B. C. Boulware REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

DATE OF DEATH: June (Month) 6 (Day), 1912 (Year)

I HEREBY CERTIFY, that I attended deceased from June 6, 1912, to June 6th, 1912; that I last saw him alive on June 5th, 1912; and that death occurred, on the date stated above, at 8-30 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

18A
19A
22A

(Duration) — about two 2. hrs.

Contributory (Secondary) — Accidentally fell. (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. M. Christy M. D.

June 7 1912 (Address) Butler Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL: Oak Hill

DATE OF BURIAL: June 8 1912

UNDERTAKER: Butler Furn. Co

ADDRESS: Butler Mo

Standard Certificate
ath

d American Public Health
tion]

—Precise statement of oc-
o that the relative health-
an be known. The ques-
ry person, irrespective of
a single word or term on
, e. g., *Farmer* or *Planter*,
(*Architect, Locomotive engineer,*
fireman, etc. But in many
al employments, it is neces-
d of work and also (*b*) the
industry, and therefore an
d for the latter statement; it
should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, **first**, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septichaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgi al operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

HUGH STEPHENS, JEFFERSON CITY.