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

Do not use this space.

16844

1. PLACE OF DEATH
County: Grundy
Township:
City: Galt (No. ..., ... St. ... Ward)

Registration District No. 327
Primary Registration District No. 4194

File No.
Registered No. 18

2. FULL NAME Eliza J Pollock

(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.

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.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Female | white | Wid. |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15 - 1849

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ... min. |
|---|---|---|---|
| 78 | 11 | 21 | |

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)
(STATE OR COUNTRY) Ky

PARENTS
10. NAME OF FATHER Wm Downing
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER Rosanna Walton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky

14. INFORMANT Geo Pollock Jr
(Address) Galt Mo

15. FILED 5-7, 1928 H C Weston
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6 1928

17. I HEREBY CERTIFY, That I attended deceased from 1-28-, 1928, to 5-6-, 1928 that I last saw her alive on 5-6-, 1928, and that death occurred, on the date stated above, at 11:55 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Simple Chronic
9.3C
97 90 P
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio sclerosis.
(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? was
O DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H C Weston, M. D
5-7, 1928 (Address) Galt, Mo.

*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 | DATE OF BURIAL |
|---|---|
| Old I.O.O.F. Galt, Mo | May 9 1928 |
| 20. UNDERTAKER | ADDRESS |
| P K Payne | Galt Mo. |