

35682

File No. _____
Registered No. 265MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DEC 22 1930

1. PLACE OF DEATH

County Coale Registration District No. 213
Township _____ Primary Registration District No. 3014
City of Coale (No. _____) St. _____ Ward _____

2. FULL NAME

Stanley Pollard
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M. 4. COLOR OR RACE N. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M.5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Opal Pollard6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 11 - 18957. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 3 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Coast Worker
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____9. BIRTHPLACE (CITY OR TOWN) England
(STATE OR COUNTRY)10. NAME OF FATHER Kapner11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY)12. MAIDEN NAME OF MOTHER Worner13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY)14. INFORMANT Mrs. Opal Pollard
(Address) St. Louis, Mo.15. FILED 1930 St. Bradford
REGISTRAR16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 17 - 1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____, 5 P. M.

207F THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental death from falling under train
(duration) yrs. mos. ds.CONTRIBUTORY (SECONDARY) 1880
(duration) yrs. mos. ds.18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS Clinical(Signed) Edu Mansur, M. D.Nov. 17, 1930 (Address) Jefferson City, Mo.

*State the DISEASE CAUSING DEATH, 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 _____

Riverview Cem. St. Mo. 11-19, 1930

20. UNDERTAKER _____ ADDRESS _____

C. P. Heinrichs St. Mo.

