

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.

OCT 24 1931

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

Do not use this space.

1. PLACE OF DEATH

County Johnson.
Township Hazel Hill
City..... (No.....)..... St. Ward)

Registration District No. 434
Primary Registration District No. 5591

File No. 1862-A
Registered No. 60

2. FULL NAME

John Winford Pollock.

(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

3. SEX Male 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) Feb. 12. 1860.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>70</u>	<u>11</u>	<u>4</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer.
(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. Pollock.

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....

(STATE OR COUNTRY).....

12. MAIDEN NAME OF MOTHER Margarette Dawes.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....

(STATE OR COUNTRY).....

14. INFORMANT Mrs. Roxie White. (daughter)

(Address) Warrensburg. Mo.

15. FILED 1/25/31 A. E. Pollock
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 16, 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 12 to Jan 16 that I last saw him alive on Jan 16 at 10:30 P.M. and that death occurred, on the date stated above, at..... P. M. a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

107A
104 W
CONTRIBUTORY (SECONDARY)..... (duration)..... yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Example

(Signed) [Signature] M. D.

Jan 31 (Address) Warrensburg 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

Sunset Hill

DATE OF BURIAL

Jan. 19 19 31

20. UNDERTAKER

R. Q. Phillips. Warrensburg. Mo.

ADDRESS

MAI
1951

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Johnson Registration District No. 434
Township Hazel Dell Primary Registration District No. 3591
City (No.) St. Ward

File No. 1862-A
Registered No.

2. FULL NAME

John Winford Pollock
(a) Residence, No. 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE YEARS	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.	
	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) <u>Ky</u>		
FATHER	13. NAME <u>Wm. Pollock</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>		
MOTHER	15. MAIDEN NAME <u>Margaret Dawes</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>		
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE		
19. UNDERTAKER (ADDRESS)		
20. FILED <u>Jan 1, 1931</u> <u>A. E. Pollock</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) M. D.
(Address)

every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should show if state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

1-15815