

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

Do not use this space.

13947

1. PLACE OF DEATH
 44 County Holt Registration District No. 372
 5 Township Clinton Primary Registration District No. 11218 File No. _____
 10 City Mount City (No. _____) St. _____ Registered No. 715
 2. FULL NAME Nelson E Pollock Ward _____
 (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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
 4. COLOR OF RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23rd 1901
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 0 14
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 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) Mount City, Mo.
 13. NAME John Pollock
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 15. MAIDEN NAME Ida M Parrott
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 17. INFORMANT Miss Ida M Pollock
 (ADDRESS) Mount City, Mo.
 18. BURIAL, CREMATION, OR REMOVAL W. Hope DATE 4-9-31
 19. UNDERTAKER W. Hope
 (ADDRESS) Mount City, Mo.
 20. FILED 4-8-31 1931 J. Tracy Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4th 1931
 22. I HEREBY CERTIFY, That I attended deceased from April 7th 1931, to _____, 19____.
 I last saw him alive on April 7th 1931. Death is said to have occurred on the date stated above, at 7:30 m.
 The principal cause of death and related causes of importance were as follows:
Acute Alcoholism Date of onset 4-6-31
affects cerebral centers
in congestion of brain and etc
involves the brain
 Other contributory causes of importance:
Heavily at different periods for many years.
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) J. Tracy, M. D.
 (Address) Mount City, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAI 2 3 1931

