

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

Do not use this space.

11630

1. PLACE OF DEATH

County Buchanan Registration District No. S.O.
Township Center Primary Registration District No. 5-19
City (No. 4 M. So. of St. Joseph, on Sparta Road, Ward)

2. FULL NAME Ethel Mallory Pollard

(a) Residence, No. 4 M. So. of St. Joseph, Sparta Road
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 3 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 J. Coleman pollard,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14, 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
44 3 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home, 235
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Buchanan County,
(STATE OR COUNTRY) Missouri,

13. NAME James A. Malloy

14. BIRTHPLACE (CITY OR TOWN) Buchanan County,
(STATE OR COUNTRY) Missouri,

15. MAIDEN NAME Ellen Bryant,

16. BIRTHPLACE (CITY OR TOWN) Buchanan County,
(STATE OR COUNTRY) Missouri,

17. INFORMANT J. Coleman Pollard
(ADDRESS) R. F. D. # 5, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Register Cem. DATE April 27, 1932

19. UNDERTAKER Heaton-Bell & Bowman
(ADDRESS) St. Joseph, Mo. Funeral Home

20. FILED Apr. 26, 1932 Mrs. Lucy Powell
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1932 to April 25, 1932
I last saw him alive on April 25, 1932 Death is said to have occurred on the date stated above, at 3:10 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia (lobar) Lower Left Lobe acute
108
108
108

Date of onset

Other contributory causes of importance:
Unknown
Exposure

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) A. R. J. [Signature] M. D.
(Address) St. Joseph, Mo.

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.

MAY 28 1932

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