

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.

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

Do not use this space.

16122

1. PLACE OF DEATH

County Jackson
Township Law
City W. E. Mo.

Registration District No. _____
Primary Registration District No. _____
No. 2127 Highland

File No. _____
Registered No. 1913
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 2127 - Highland St. W. 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE <u>74</u>	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. <u>Labor</u>	
	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>Mo</u>		
MOTHER	13. NAME <u>Marady Pollard</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	
	15. MAIDEN NAME <u>Mildred Bolder</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>	
17. INFORMANT <u>Walter Pollard</u> (ADDRESS) <u>2918 - Tracy</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland Cemetery May 12 1932</u>		
19. UNDERTAKER <u>W. H. Appleton & Sons</u> (ADDRESS) <u>1600 N. E. 19th</u>		
20. FILED <u>May 11 1932</u> <u>W. M. M. Cronin</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 6 - 1932 to May 8 1932
I last saw him alive on May 6 1932 Death is said to have occurred on the date stated above, at 4 a. m.
The principal cause of death and related causes of importance were as follows:
Ante + Mitral Insufficiency
92A
Other contributory causes of importance 92A

Name of operation _____ Date of _____
What test confirmed diagnosis By Exam. 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? _____
If so, specify _____
(Signed) L. W. Booker, M. D.
(Address) 2260 - 1st St.

