

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.

JAN 9 1932

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

Do not use this space.

35435

1. PLACE OF DEATH  
 39 County Greene Registration District No. 318  
 3 Township Springfield Primary Registration District No. 2291  
 5 City Springfield (No. 1610 Lee St)  
 2. FULL NAME Frank Pomeroy  
 (a) Residence, No. 1610 Lee 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.

File No.           
 Registered No. 820  
 St.          Ward)         

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Linnie Pomeroy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 24, 1864</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>2</u>
	DAYS <u>1</u>	IF LESS than 1 day, <u>        </u> hrs. or <u>        </u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Night Watchman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>R.R. Stor. Room</u>	
	10. Date deceased last worked at this occupation (month and year) <u>        </u> 11. Total time (years) spent in this occupation <u>18</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mich 2</u>		
MOTHER FATHER	13. NAME <u>Daniel Pomeroy</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mich</u>	
	15. MAIDEN NAME <u>Charisa Seal</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mich</u>	
17. INFORMANT <u>Linnie Pomeroy</u> (ADDRESS) <u>Springfield, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Lawn</u> DATE <u>Nov 28th</u> 19 <u>32</u>		
19. UNDERTAKER <u>J. H. Shugner &amp; Co.</u> (ADDRESS) <u>Springfield, Mo.</u>		
20. FILED <u>11-28-32</u> <u>Ralph Langston</u> Registrar		

**3 MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from 11/1 1932 to 11/25, 1932  
 I last saw him alive on Nov 15, 1932. Death is said to have occurred on the date stated above, at 11:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of onset 11/25/32  
at 11:30 p.m.  
 Other contributory causes of importance:  
Hypertension  
Arterio-Sclerosis (D)

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

2015