

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

Do not use this space.

23038

1. PLACE OF DEATH

County Jackson
Township 3rd
City Independence (No. _____)

Registration District No. 398
Primary Registration District No. 5354

File No. _____
Registered No. 219
St. _____ Ward)

2. FULL NAME

(a) Residence, No. Independence, Route 2, Box 140 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) <u>Bonnie Hilliard Pollard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 20 1866</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>2</u>
	DAYS <u>12</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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>Madison, Mo.</u>		
FATHER	13. NAME <u>George C. Pollard</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT (ADDRESS) <u>Lee Pollard, Independence, Route 2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Springton, Mo.</u> DATE <u>7/22/35</u>		
19. UNDERTAKER (ADDRESS) <u>Winters & Co., Springton, Mo.</u>		
20. FILED <u>7-27 1935</u> <u>F. L. Cook</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 1935

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1935 to July 22, 1935, 1935.
I last saw him alive on July 22, 1935, 1935. Death is said to have occurred on the date stated above, at 12 noon m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 151
82 1/2
131

Other contributory causes of importance:
Interstitial Nephritis

Name of operation _____ Date of _____
What test confirmed diagnosis? Lab. Check 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? no
If so, specify _____
(Signed) F. L. Cook, M. D.
(Address) Independence

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.

AUG 20 1935

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