

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

Do not use this space.

33689

1. PLACE OF DEATH

64 County Marion Registration District No. 547
 Township Marion Primary Registration District No. 3079
 City Hannibal (No. Levering Hospital) St. 6 (Ward)

File No. 797
 Registered No. _____

2. FULL NAME

Catherine Ann Pollard

(a) Residence, No. 701 Walnut St., 4 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Late Samuel B. Pollard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 21, 1861</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>8</u>
	DAYS <u>14</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4, 1937
 22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1937, to Oct 4, 1937
 Last saw him alive on Oct 4, 1937. Death is said to have occurred on the date stated above, at 11:35 p.m.
 The principal cause of death and related causes of importance were as follows:

Burn
 Date of onset _____
 181
 162
 181
 25
 Other contributory causes of importance:
Old age

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>	
FATHER	13. NAME <u>Richard Carter</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
MOTHER	15. MAIDEN NAME <u>Anna Carter</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
17. INFORMANT <u>Mr. Ray Pollard</u> (ADDRESS) <u>Hannibal Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Eolis Mo.</u> DATE <u>10-7-1937</u>	
19. UNDERTAKER <u>James D. Powell</u> (ADDRESS) <u>Hannibal Mo.</u>	
20. FILED <u>Oct 6, 1937</u> Registrar <u>Robert</u>	

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____
 (Signed) A. P. Blue, M. D.
 (Address) Hannibal 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.

NOV 10 1937

WHILE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

...ING THIS IS A PERMANENT RECORD
... SHOULD BE STATED EXACTLY. PH.
... OF OCCUPATION...