

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

Do not use this space.

8068

1. PLACE OF DEATH

County Collaway Registration District No. 104
Township Fulton Primary Registration District No. 3008
City Fulton (No. _____ St. _____ Ward _____)

File No. _____
Registered No. 59

2. FULL NAME

James M. Pollard
(a) Residence, No. New Hartford, Mo. St. _____ 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. 2 mos. 2 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>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 9 1853</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>0</u>
	DAYS <u>13</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>	11. Total time (years) spent in this occupation _____
	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) _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion County, Mo.</u>		
FATHER	13. NAME <u>Samuel Pollard</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Malinda Williams</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT <u>Records State Hospital #1 Fulton, Mo.</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Miss. & Me. Cemetery</u> DATE <u>3-23-1934</u>		
19. UNDERTAKER <u>Grave, Johnson</u> (ADDRESS) <u>Brumley Green, Mo.</u>		
20. FILED <u>Mar 22 1934</u> <u>R. N. Owens</u> Registrar.		

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 23 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1931 to Mar 23, 1934
I last saw him alive on Mar 22, 1934 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
93
Chronic myocarditis

Other contributory causes of importance: _____

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? no
If so, specify _____
(Signed) T. S. Smith, M. D.
(Address) Fulton, 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.

PHOTOGRAPHY RECORD

