

2 1935

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

Do not use this space.

8998

1. PLACE OF DEATH

County Jackson
Township Independence
City Independence (No.)

Registration District No. 398
Primary Registration District No. 3019

File No.
Registered No. 97
St. Ward)

2. FULL NAME

Velma Jean Pollard
(a) Residence, No. 918 Ps Orange St. 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 F 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 24 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2

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.
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) Independence Mo

MOTHER FATHER 13. NAME Demuel Pollard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisonville Mo

15. MAIDEN NAME Jane Caline

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri Mo

17. INFORMANT Mrs Pollard
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Walden DATE 3-27-35

19. UNDERTAKER Ed Carson Funeral Home
(ADDRESS)

20. FILED 3-29-1935 J L Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 21 1935 to Mar 23 1935

I last saw her alive on Mar 24 1935. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

Sudden death from congestive heart failure with no other apparent reason exhibited 3

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?

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.

1000-11-24-35

