

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

Do not use this space.

9922

1. PLACE OF DEATH

County Monroe
Township
City Monroe City (No. 201) East 4th

Registration District No. 581
Primary Registration District No. 4343

File No.
Registered No. 15 St. Ward)

2. FULL NAME

Samuel Thomas Pollard.

(a) Residence, No. St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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>Mary G. Pollard.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July-27-1884</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>7</u>
	DAYS <u>11</u>	IF LESS than 1 day,hra. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>	
	11. Total time (years) spent in this occupation <u>✓</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Platte City, Mo.</u>		
FATHER	13. NAME <u>James M. Pollard</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Owen Co, Ky.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Blackburn</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT (ADDRESS) <u>Sallie V. Pollard</u> <u>Monroe City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>St. Judes Cemetery, March 12, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Wilson & Son</u> <u>Monroe City, Mo.</u>		
20. FILED <u>3-11-1935</u> <u>A. W. Wilson</u> <u>Registrar.</u>		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March-10 1935

22. I HEREBY CERTIFY, That I attended deceased from March 12th, 1935, to March 10th, 1935. I last saw him alive on March 10th, 1935. Death is said to have occurred on the date stated above, at 10:28 a.m. The principal cause of death and related causes of importance were as follows:
Myringitis of the
larynx, rheumatoid
and influenza

Date of onset March 6-1935

Other contributory causes of importance
Senility

Name of operation none Date of ✓

What test confirmed diagnosis? Chloroform Was there an autopsy? no

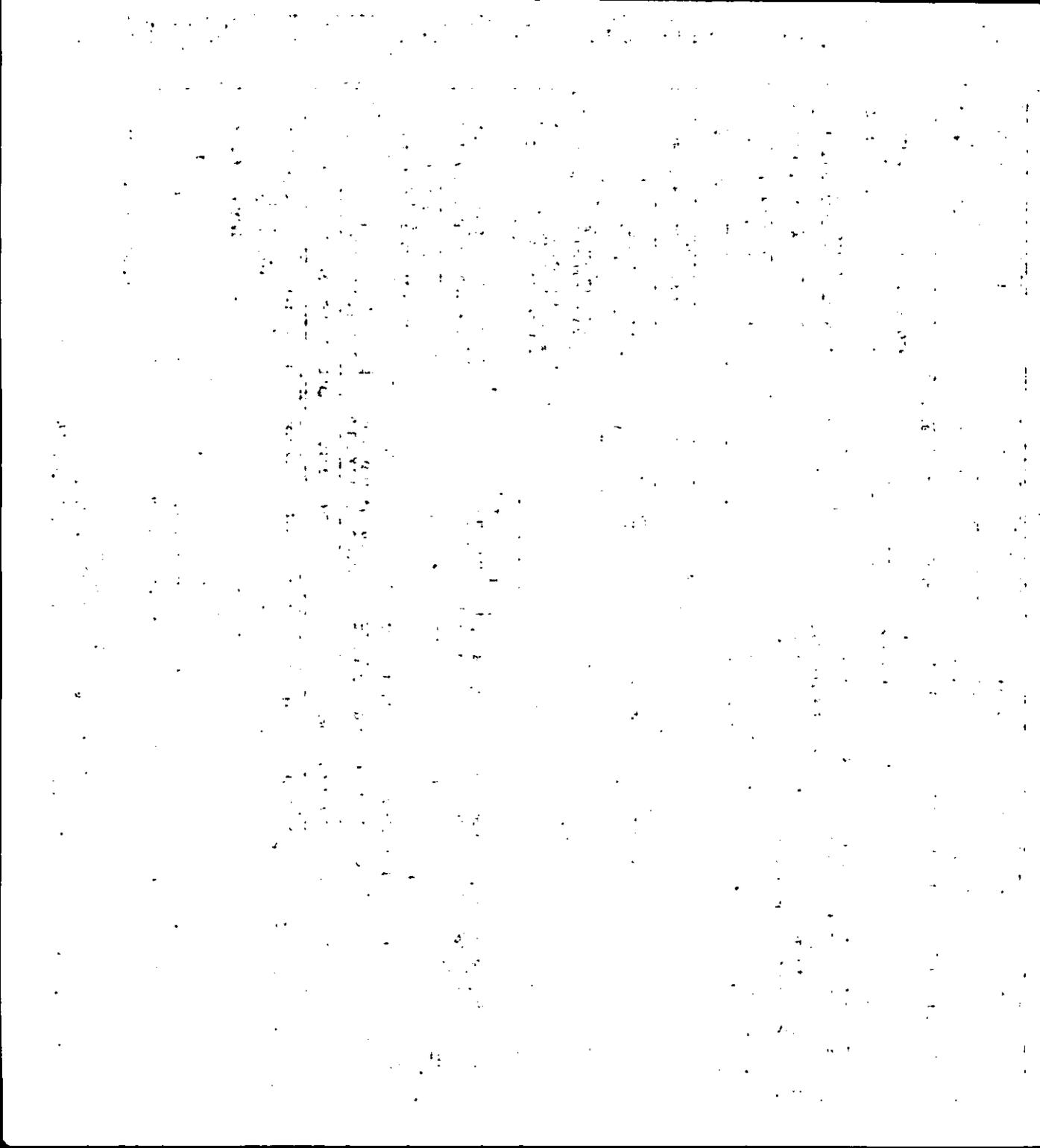
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19✓
Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ✓
(Signed) M. P. D. [Signature], M. D.
(Address) Monroe City, 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.



MAY 29 1935

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-15-20 BY 60322 UCBAW/STP

File No. _____
Registered No. 15 _____ Ward _____

1. PLACE OF DEATH

County Monroe
Township _____
City _____ (No. _____)

Registration District No. 581
Primary Registration District No. 4343

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

Jamuel Thomas Pollard

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
80 7 11

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) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 5-28-35 W. S. Piptau Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19 _____, to _____, 19 _____

I last saw h. _____ alive on _____, 19 _____ 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:

Myocarditis (Pneumonia)

Date of onset _____

Other contributory causes of importance: _____

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) _____ M. D.

(Address) Monroe, Louisiana

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 23 1935

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