APR 29 1935

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

Do not use this space.

11717

File No.
Registered No. 7

1. PLACE OF DEATH
County Warren
Township Elkhorn
City ~~Truesdale Mo.~~ (No. , St. Ward)
Registration District No. 661
Primary Registration District No. 6171

2. FULL NAME Emil John Wm Pollien
(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 4 yrs. mos. ds. How long in U. S., if of foreign birth? 72 yrs. 10 mos. 19 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida E. Hedemann Pollien

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25, 1862

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
72	10	19.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer.
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) 1930.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln County Mo.

FATHER
13. NAME Fredrick Pollien
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Dorthy Raache.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) H. Pollien Truesdale, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wright City DATE Mar 16th 1935

19. UNDERTAKER (ADDRESS) Kemper Bros, Troy, Mo.

20. FILED March 15, 1935 A. W. Schilling Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1935, to March 14th, 1935
I last saw h. alive on March 14, 1935 Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchi Pneumonia	
66 B	

Other contributory causes of importance:
Graves' Disease

Name of operation 0 Date of 0
What test confirmed diagnosis? 0 Was there an autopsy? 0

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 0 Date of injury 0, 19
Where did injury occur? 0
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
0
Manner of injury 0
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) B. H. Brandt, M. D.
(Address) Warrenton, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

10M-11-24-33