

AUG 20 1935

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Scaw Primary Registration District No. 1002
City Kansas City (No. Kansas City Gen Hosp) St. Mo. Ward 2

File No. 23064
Registered No. 2-1015

2. FULL NAME

Nettie Pollock
(a) Residence, No. 1187 West St., Mo. Ward. 2
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE	YEARS	MONTHS
	<u>66</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		DAYS
<u>W. W.</u>		IF LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation.
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>		
13. NAME <u>Alfred Kenyon</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>		
17. INFORMANT (ADDRESS) <u>Reverend Clerk</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty Mo.</u> DATE <u>July 12, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Morton Funeral Home</u>		
20. FILED <u>July 11, 1935</u> M. M. Corwin Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>7-10</u> 19 <u>35</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>6-14</u> 19 <u>35</u> to <u>7-10</u> 19 <u>35</u> I last saw her alive on <u>7-10</u> 19 <u>35</u> Death is said to have occurred on the date stated above, at <u>4:30 PM</u> The principal cause of death and related causes of importance were as follows: <u>Chronic osteomyelitis</u> <u>Hypertension</u> <u>Mitral Stenosis</u> <u>Static Pneumonia</u> Other contributory causes of importance: <u>53</u> <u>Mitral Stenosis</u> <u>Static Pneumonia</u>
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? <u>Yes</u>
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) <u>J. J. Jensen</u> , M. D. (Address) <u>217 E. Gen Hosp</u>

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.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. _____

Township _____

Primary Registration District No. 1002

Registered No. 2805-

City Kansas City (No. _____) St. _____ Ward _____

2. FULL NAME

Nettie Pallock

(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 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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-10 1935

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

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:

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

66

Date of onset

Chronic Osteomyelitis
Hypernephroma
Osteomyelitis, suppurative
Hypernephroma, Malignant

Other contributory causes of importance:

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 7/11 1935 M. M. Corrows Registrar.

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) J. H. Jernett, M. D.

(Address) Dept K C Gen Hosp

SUPPLEMENTARY

53

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

AUG 31 1965

S-23064