

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

Do not use this space.

SEP 23 1935

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1. PLACE OF DEATH

County Macon
Township Macon
City Macon (No. _____)

Registration District No. 533
Primary Registration District No. 3027

File No. _____
Registered No. 201 (St. _____ Ward)

2. FULL NAME

(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

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 <u>11886</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 15, 1886</u>					
7. AGE		YEARS <u>49</u>	MONTHS <u>01</u>	DAYS <u>29</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>Labourer</u>				
	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) <u>Hannibal, Mo</u>					
FATHER	13. NAME <u>J.C. Pollard</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shelby Co., Mo</u>				
MOTHER	15. MAIDEN NAME <u>Kate Blanton</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard Co., Mo</u>				
17. INFORMANT (ADDRESS) <u>Clayton Edwards</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stoutsville, Mo</u> DATE <u>July 15, 1935</u>					
19. UNDERTAKER (ADDRESS) <u>Albert Stephens, Mason, Mo</u>					
20. FILED <u>9/10</u> 19 <u>35</u> <u>Desto Newton</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from 5-8, 1935, to July 14, 1935

I last saw him alive on July 10, 1935 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:
Heart Lesion or Aortic Stenosis
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Date of onset _____

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) Clayton D. Edwards, D.
(Address) 127 1/2 Vine St

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.

