

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.

FEB 9 1936

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

Do not use this space.

1148

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Independence Primary Registration District No. 8019
 City Independence (No. 308 East Elm) St. Independence Ward 32

File No. _____
 Registered No. 32
 St. _____ Ward _____

2. FULL NAME

Clarence R. Pollard
 (a) Residence, No. 308 East Elm 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)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 - 1926

7. AGE YEARS 9 MONTHS 8 DAYS 17 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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) Clay County Missouri

13. NAME Samuel E. Pollard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay County Missouri

15. MAIDEN NAME Christine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meriden County Missouri

17. INFORMANT (ADDRESS) Samuel E. Pollard 308 East Elm St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem Jan 32, 1936

19. UNDERTAKER (ADDRESS) George B. Bessner 101 7th Pleasant St.

20. FILED 1-27-36 D. L. Cook Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1936

22. I HEREBY CERTIFY That I attended deceased from Jan. 20, 1936, to Jan. 20, 1936

I last saw him alive on Jan. 20, 1936 Death is said to have occurred on the date stated above, at 5 P.m.

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

Influenza & Obli's Mediat 1/20/36
Terminal Meningitis - 1/16/36
Chronic pneumonia

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis clinical 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) F. H. Cook M. D.
 (Address) Independence Mo

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