

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

Do not use this space.

MAR 21 1936

5804

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City, Mo. No. 6405 Wyandotte St. _____ Ward _____

File No. _____
 Registered No. 603

2. FULL NAME Mrs. Rose F. Pollard
6405 Wyandotte

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (use the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	65	2	26	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	At. Home
	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) Missouri

MOTHER FATHER 13. NAME William A. Finney

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

MOTHER 15. MAIDEN NAME Catherine Crider

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

17. INFORMANT P. S. Pollard
 (ADDRESS) 6405 Wyandotte

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE Feb. 6 1936

19. UNDERTAKER R. V. Lindsey & Sons
 (ADDRESS) 3811 Broadway

20. FILED 275 1936 M. M. Corum
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4 1936

22. I HEREBY CERTIFY, That I attended deceased from June, 1935, to Feb 4, 1936
 I last saw him alive on Feb 7 1936 Death is said

to have occurred on the date stated above, at 11 A. m.
 The principal cause of death and related causes of importance were as follows:

Jan 26 - 26 Date of onset
Thrombosis
59
 Other contributory causes of importance:
Influenza
Diabetes

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys. Ex. 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) Francis J. Harry, M. D.
 (Address) 2910 Harrison St.
Kansas 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.

Dr. Francis O. ...
2910 ...
va. 3042