

SEP 24 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31477

1. PLACE OF DEATH

County Johnson
Township Nazel Hill
City (No. _____) _____ (Ward _____)

Registration District No. 431
Primary Registration District No. 5591

File No. _____
Registered No. 108

2. FULL NAME

Mary Martha Pollock

(a) Residence, No. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Samuel D. Pollock</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sep 14 - 1847</u>		
7. AGE <u>88</u>	YEARS <u>11</u>	MONTHS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</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>Johnson Co Mo</u>		
13. NAME <u>Jonathan Gott</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kipp Ky</u>		
15. MAIDEN NAME <u>Mary Still</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>		
17. INFORMANT (ADDRESS) <u>Mrs Jess Shepard Warrensburg, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Liberty Cem Aug 28, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Duquesne - Phillip Warrensburg, Mo.</u>		
20. FILED <u>Aug 28, 1936</u> <u>Edna B. Smith</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1936 to Aug 27, 1936

I last saw him alive on Aug 26, 1936. Death is said to have occurred on the date stated above, at 1 P.M.

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

Cerebral thrombosis Date of onset _____

Other contributory causes of importance:

Serum therapy

Name of operation none 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? no

If so, specify _____

(Signed) Wm B. Allison, M. D.

(Address) Warrensburg 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.

