

OCT 15 1936

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

Do not use this space.

1. PLACE OF DEATH

County *Jackson*
Township *Haw*
City *N. 6 Mo* (No. *Research Hospital*)

Registration District No. *399*
Primary Registration District No. *1002*

File No. *34612*
Registered No. *4378*

2. FULL NAME

Mrs Elise Pollock

(a) Residence, No. *210 Brush Creek Blvd* (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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 22-1863*

7. AGE YEARS *73* MONTHS *0* DAYS *5* If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House wife*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *for self*
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) *Switzerland*

13. NAME *Ulrich Lehmann*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Switzerland*

15. MAIDEN NAME *Suzanne Finger*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Switzerland*

17. INFORMANT (ADDRESS) *Lena Adele Pollock 210 Brush Creek Blvd*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St Joseph* DATE *Sept 30*, 19*36*

19. UNDERTAKER (ADDRESS) *Wagner Funeral Home 204 W Linwood*

20. FILED *9/29* 19*36* *M. M. Brown* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 27*, 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *8/18/36*, 19....., to *9/27/36*, 19.....

I last saw *her* alive on *7/27*, 19*36* Death is said to have occurred on the date stated above, at *6:15* p.m.

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

Bronchitis & Esophageal Inflammation

Other contributory causes of importance: *Chronic Pulmonary Fibrosis Left Hypertrophic Heart - Mild Effusion*

Name of operation..... Date of..... What test confirmed diagnosis? *7/27/36* Was there an autopsy? *yes*

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) *Charles Heller* M. D. (Address) *1010 Professional Bldg*

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.

THIS IS A PERMANENT RECORD

Prof. Bq

Vi 2343

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township.....
City J.C. Mo (No.)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 4378-
St. Ward)

2. FULL NAME

(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)

Mrs Elise Pollock

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 73 0 5

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 9/29 1936 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17 1936

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to....., 19.....

I last saw 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:

Bronchiectasis and Cardiac failure

secondary to

Other contributory causes of importance: Carcinoma of lung (Bronchiogenic left lung)

Name of operation..... Date of.....

What test confirmed diagnosis? autopsy Was there an autopsy? 9/17/36

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) Edward B. Keller, M. D. (Address) 1010 Prof. Bldg

SUPERSEDED

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.

RECORDING UNIT—THIS IS A PERMANENT RECORD

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