

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

Do not use this space.

1. PLACE OF DEATH 10 1937  
 County Jackson Registration District No. 399  
 Township Raw Primary Registration District No. 1002  
 City Highway No. 2413 Monroe No. 2 St. Monroe Ward 1  
 2. FULL NAME William H. Pollitt  
 (a) Residence, No. 2413 Monroe St. Monroe Ward. 1  
 (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.

File No. 22941  
 Registered No. 5713  
 St. Monroe Ward 1

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances Pollitt  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9 1850  
 7. AGE YEARS 87 MONTHS 4 DAYS 17 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Watchman  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western  
 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) Kentucky

MOTHER 13. NAME Alex Pollitt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

15. MAIDEN NAME no record

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

17. INFORMANT Mrs. J. W. Murray  
 (ADDRESS) 2413 Monroe, Ky

18. BURIAL, CREMATION, OR REMOVAL PLACE St Paul DATE June -28-37

19. UNDERTAKER Mrs. C. L. Jarster  
 (ADDRESS) 918 Broadway, Louisville

20. FILED 9 27 1937 2413 Monroe, Ky Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1937, to June 25 1937  
 last saw him alive on June 27 1937. Death is said to have occurred on the date stated above, at 12:00 am.  
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage  
Cold. Date of onset

Other contributory causes of importance arterial sclerosis

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? no 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 J. Henry George M. D.

(Signed) J. Henry George M. D.  
 (Address) 2418 Broadway, Louisville

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.

1 X9314

... and orange