

SEP 21 1937

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

Do not use this space. X

PLACE OF DEATH

County JacksonTownship KanCity Kansas CityRegistration District No. 399Primary Registration District No. 1002File No. 29944Registered No. 2530

St.

Ward

2. FULL NAME

Robert Elmer Pollock(a) Residence, No. 3409 Euclid

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m4. COLOR OR RACE w.5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-14-1906

7. AGE

YEARS 30MONTHS 10DAYS 15

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Painter

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.

BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

MOTHER / FATHER

13. NAME Robert A. Pollock14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Ethel Hughes16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.17. INFORMANT Mrs. Ethel Pollock(ADDRESS) 3409 Euclid Avenue

18. BURIAL, CREMATION, OR REMOVAL

PLACE Green LawnDATE 8-31-3719. UNDERTAKER Mrs. C. L. Foster(ADDRESS) 214 Broadway Ave20. FILED Aug 30, 1937

M. M. Ledwith

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-29 193722. I HEREBY CERTIFY, That I attended deceased from 8-29, 1937, to 8-29, 1937I last saw him alive on 8-29, 1937 Death is saidto have occurred on the date stated above, at 6:45 am

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

Acute Anterior Date of onsetPoliomyelitisOther contributory causes of importance: 16

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

What test confirmed diagnosis?..... 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?

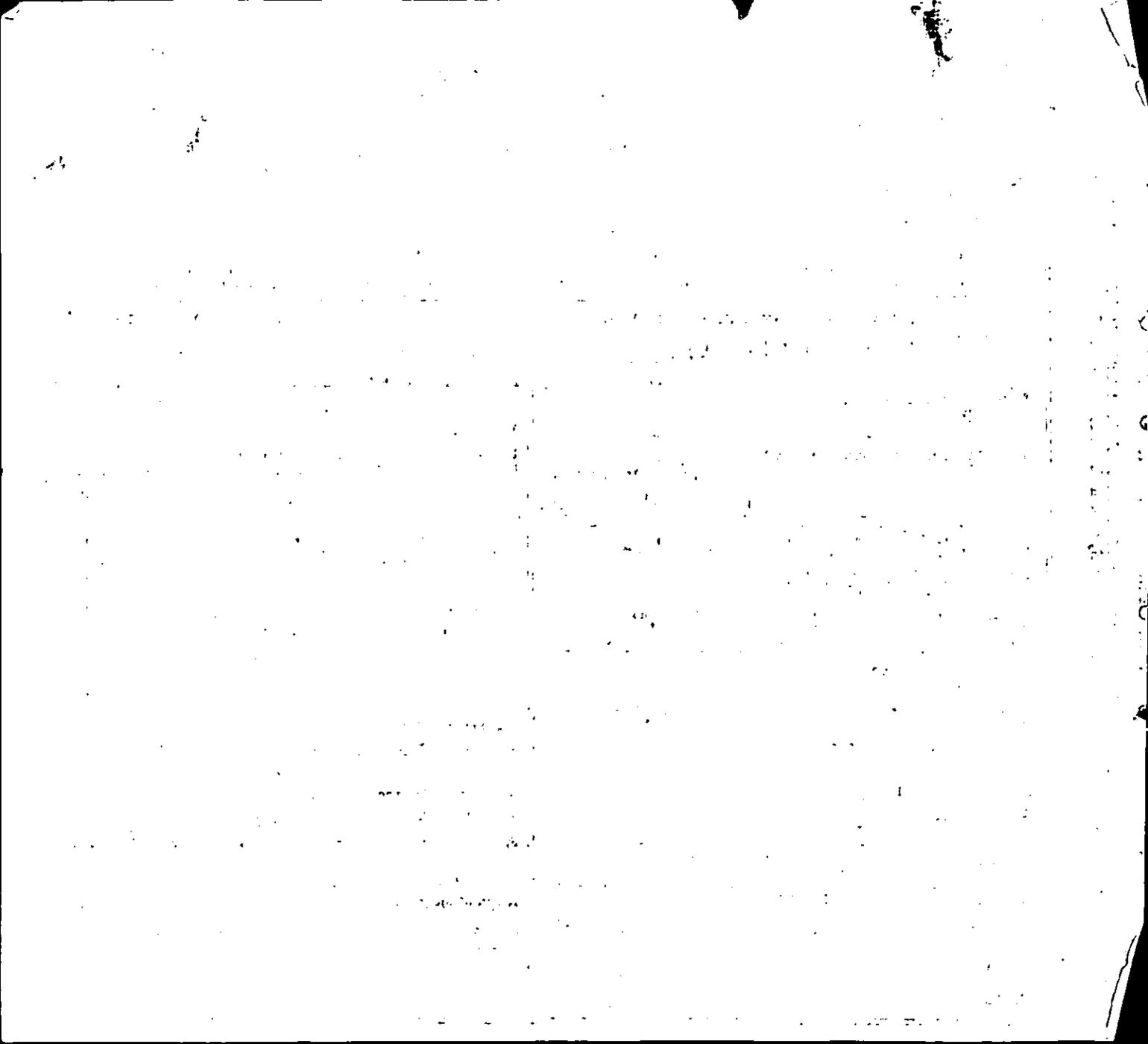
If so, specify.....

(Signed) M. M. Ledwith

M. D.

(Address) 214 Broadway AveM. M. Ledwith

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DEATH in plain terms, of the
M. M. Ledwith



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

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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson
Township
City Kansas City (No.)

Registration District No. 399
Primary Registration District No. 1002

File No. 29944
Registered No. 3578
St. Ward

2. FULL NAME

Robert Elin Pallock

(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

MEDICAL CERTIFICATE OF DEATH

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

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.
30 10 15

OCCUPATION
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)

MOTHER FATHER
13. NAME

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

MOTHER FATHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 19

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-29 1937

22. I HEREBY CERTIFY, That I attended deceased from to 19.....
I last saw h..... 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:

Date of onset
Other contributory causes of importance:
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) Dr. Geo. M. Mania, M. D.
(Address) Capt. Gen. Hoat K. C. Neo

SUPPLEMENTARY

Registrar.

S-29944

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6/19/46

15. 91

10. 1

WRITE PLAINLY, WITH
SOURCE OF INFORMATION IN PLAIN TERMS, SO THAT
EVERY ITEM OF INFORMATION REPORTED
IS CLEAR AND CONCISE. OF DEATH IN PLAIN TERMS, SO THAT