

Do not use this space.

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

NOV 15 1937

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph (No. 25 E. Valley)

Registration District No. 85
Primary Registration District No. 1001

File No. 37121
Registered No. 1095
St. _____ Ward _____

2. FULL NAME

Thomas S. Pollard
(a) Residence, No. 25 E. Valley 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Sat 1, 1937, to Oct 3, 1937
I last saw him alive on Oct 3, 1937. Death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18, 1857
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 79 9 16

Acute Interstitial Nephritis Date of onset Aug 30-37

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Dept. Swift & Co.
10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: Uremic poisoning Oct 1-37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoxville Tenn.

Name of operation _____ Date of _____
What test confirmed diagnosis? Urinal Was there an autopsy? No

FATHER 13. NAME William Pollard

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

MOTHER 15. MAIDEN NAME Nancy Jane Cambell

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

17. INFORMANT Mrs. T. S. Pollard (ADDRESS) 25 E. Valley

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.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem. DATE Oct. 6, 1937

Manner of injury _____
Nature of injury _____

19. UNDERTAKER Clark Mortuary (ADDRESS) 5025 King Hill Ave.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) H. A. Robertson, M. D.
(Address) St. Joseph Mo

20. FILED Oct. 5 1937 J. H. Nestlebusch Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

37121
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 83
(b) Township..... Primary Registration District No. 1001 Registered No. 1095
(c) City..... (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas S. Pollard

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4 1937

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

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

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

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:

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
79 9 16

acute interstitial nephritis
Exposure to cold & wet

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.....
9. Industry or business in which work was done, as saw mill, bank, etc.....
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....

Other contributory causes of importance:
Nervous poisoning

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

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 005 1937 A. J. West Local Registrar.

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) W. G. Robertson M. D.
(Address) St. Joseph

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

SUPPLEMENTARY

S-37121