

REC'D AUG 6 1938 MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26320
Do not use this space.

1. PLACE OF DEATH *Rayco. Mo.*
 (a) County *Rayco. Mo.* Registration District No. *742*
 (b) Township *Rayco. Mo.* Primary Registration District No. *3977c*
 (c) City (d) Street No. St.
 (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 *Jewel R. Pollard. 463*
 (a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) *Dessie Pollard.*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 13, 1875*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 9 19
 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. *Farmer*
 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) *Rayco. Mo. Mo.*

FATHER 13. NAME *Steven Pollard*

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

MOTHER 15. MAIDEN NAME *Savinus Allen*

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

17. INFORMANT *Mrs Dessie Pollard* (ADDRESS) *Elmira Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Praini Bdg.* DATE *7-5* 19*38*

19. FUNERAL DIRECTOR *Abraham & Cowley* (ADDRESS) *Rayco Mo.*

20. FILED *July 7, 1938* *Edwin Shouse,* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 3* 19*38*

22. I HEREBY CERTIFY, That I attended deceased from *June 15* 19*38* to *July 3* 19*38*
 I last saw him alive on *July 2* 19*38* Death is said to have occurred on the date stated above, at *9:45am.*
 The principal cause of death and related causes of importance were as follows:

*Chronic Asthma
Chronic Myocarditis and
Cardiac failure*

Date of onset

Other contributory causes of importance: *93c*

Name of operation Date of
 What test confirmed diagnosis? *Clinical* 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) *Oletus E. Buehler,* M. D.
Lansan Mo. (Address) *666*

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)