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.

[illegible] APR 1 - 1939

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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 9435

Township Kaw — Primary Registration District No. 1002 — Registered No. 1041

City Kansas City, Mo. (No. 1404 Eastern St. Ward)

2. FULL NAME Hames C. Pollock

(a) Residence, No. 1404 Eastern St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Lena Becker Pollock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1/5/1870

7. AGE: YEARS 69 — MONTHS 2 — DAYS 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

FATHER

13. NAME: No record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

MOTHER

15. MAIDEN NAME: Nancy Race
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa.

17. INFORMANT (ADDRESS): Emery Pollock, 3412 Garner

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Washington DATE 3/8/39 19

19. UNDERTAKER (ADDRESS): Sheil Funeral Home, 6606 Indep. Ave., K. C. Mo.

20. FILED Mar 7 1939 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 5 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1939, to Mar 5, 1939

I last saw him alive on Mar 5, 1939. Death is said to have occurred on the date stated above, at 6 P m.

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

	Date of onset
Mytral Regurgitation	2 yr
92 ol	
Other contributory causes of importance:	
Hypertension	3 yr

Name of operation ..... 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? ..... 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) [illegible], M. D.

(Address) 5242 St John