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.

REC'D JUL 10 1939

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

Do not use this space.

21074

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City, Mo. (No. 3412 Garner St. Ward)
Registration District No. 355
Primary Registration District No. 1602
File No. [illegible]
Registered No. [illegible]

2. FULL NAME Mrs. Iva Pearl Pollock
(a) Residence, No. 3412 Garner 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

3. SEX: Female
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: Emory Pollock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 9/12/1904

7. AGE: YEARS 34 MONTHS 8 DAYS 24 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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): Unknown 9

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

MOTHER
15. MAIDEN NAME: Unknown 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Emory Pollock (husband) 3412 Garner

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Washington DATE 6/8/39, 19

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

20. FILED 6/7, 1939 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-6-39, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....
I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 6:40 a.m.
The principal cause of death and related causes of importance were as follows:

Gunshot wound of the Chest

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? Suicide Date of injury 6-6-39
Where did injury occur? K.C. Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Shot self
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Victor Whitter, M. D.
(Address) Gen. Hosp. K.C. Mo

U. S. NO. 2 100M-11-24-33