

U. S. No. 2
FORM-9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 22 1942

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 158

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
214 East Sixth
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 60 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Fulton
(If outside city or town limits, write "RURAL")

(d) Street No. 214 East Sixth
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM H. POLLARD

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 16 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>2</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Concord, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Pharmacist

11. Industry or business Druggist

12. Name Asa Pollard

13. Birthplace Callaway County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver Sargent

(b) Address Fulton, Mo.

17. (a) Burial (b) Date thereof 5/11/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest Cemetery

18. (a) Signature of funeral director Leo G. Stallace

(b) Address Fulton, Missouri

19. (a) 5-11-1942 (b) Josua Morandhoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1942 hour 1 minute P.

21. I hereby certify that I attended the deceased from at intervals from May 9 1940 to 1942 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to arterio-sclerosis

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____ Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature [Signature] (M. D. or other) _____
Address Fulton, Mo. Date signed 5/11/42

