

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

Do not use this space.

7475

1. PLACE OF DEATH

County Copple Registration District No. 651
 Township Caruthersville Primary Registration District No. 4988
 City Caruthersville No. _____ St. _____ Ward _____

File No. _____

Registered No. 24

2. FULL NAME

William H. Pollock
 (a) Residence. No. _____ 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 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 Annie Pauline Pollock

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 13, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 10 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

Cornapolis
 (STATE OR COUNTRY) Kentucky

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Annie Pauline Dargatzis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cornapolis
 (STATE OR COUNTRY) Kentucky

14. INFORMANT Robert Pollock
 (Address) Caruthersville Mo

15. FILED Mar 7 1929 A. B. Martin
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 13 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1929, to Feb 12, 1929
 that I last saw him alive on Feb 13, 1929 and that death occurred, on the date stated above, at 8:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute nephritis
113
130

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Influenza

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) J. W. Hipp, M. D.

Feb 14 19 29 (Address) Caruthersville Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Little Chape Cemetery DATE OF BURIAL Feb 15 19 29

20. UNDERTAKER J. L. LaFarge ADDRESS Caruthersville Mo

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.

MAR 25 1929

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MAR 30 1953