

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.

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

Do not use this space.

1. PLACE OF DEATH

County Boone
Township Columbia
City Columbia (No. _____)

Registration District No. 73
Primary Registration District No. 3006

File No. 7823
Registered No. 81
St. _____ Ward _____

2. FULL NAME

Frank Bingham Pollis
(a) Residence, No. Grassland, Columbia, Mo.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE		SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
	<u>Male</u>	<u>White</u>	<u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>June 15-1885</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>48</u>	<u>9</u>	<u>7</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Inserance</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Recestral</u>			
	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) <u>Columbia, Mo.</u>				
FATHER	13. NAME <u>Leo Bingham Pollis</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Columbia, Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Maggie Clarkson</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Columbia, Mo.</u>			
17. INFORMANT (ADDRESS) <u>James S. Pollis, Columbia, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Columbia, Mo. 3-25-34</u>				
19. UNDERTAKER (ADDRESS) <u>Walter Furr, Columbia, Mo.</u>				
20. FILED <u>3/24, 1934</u> <u>Allie Selby</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22-1934

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1934, to March 23, 1934.

I last saw h. X alive on March 23, 1934. Death is said to have occurred on the date stated above, at 6:45 pm. The principal cause of death and related causes of importance were as follows:

Gunshot wound - Self inflicted - 1st Accidental

Other contributory causes of importance: 6'

Name of operation X Date of _____

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Accident Date of injury 3-22-1934

Where did injury occur? In his home, Columbia (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Gunshot

Nature of injury Gunshot

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) E. S. Davis, Coroner (Address) Columbia, Mo.

