

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

Do not use this space.

FEB 1 1937

43678

1. PLACE OF DEATH
County Atchison Registration District No. 30
Township _____ Primary Registration District No. 4014
City Jacks (No. _____) St. _____ Ward _____

2. FULL NAME Sarah Emma Pollock
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 68 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mar

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lloyd Pollock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 5 4

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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

MOTHER
13. NAME Wm P. Fayaz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
15. MAIDEN NAME Sarah J. McCombs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER
17. INFORMANT Wm. Fayaz Esq (ADDRESS) Jacks Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Home Burial Jan 1 1937
19. UNDERTAKER (ADDRESS) J. M. Walker Jacks Mo.
20. FILED Dec 31 1936 W. Vaughn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1936 to Dec 30 1936
I last saw her alive on Dec 29 1936. Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset 12-14-36
Dementia (type B)
Senility

Other contributory causes of importance: _____ ?

Name of operation none Date of _____
What test confirmed diagnosis? see p. 2 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? no
If so, specify _____
(Signed) C. H. Flynn, M. D.
(Address) Jacks, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly understood.

