

REC'D MAR 15 1939

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

Do not use this space.

1. PLACE OF DEATH
13 County Caldwell 7 Registration District No. 99
Township Rockford 1 Primary Registration District No. 5146
City _____ (No. _____) _____ St. _____ Ward _____

2. FULL NAME Thomas S Pollard
(a) Residence, No. 5 Miles N. W. of Elmira, Mo. 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.

File No. 6055
Registered No. _____
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Pollard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16-1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>72</u>	<u>10</u>	<u>5</u>	

OCCUPATION

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

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) Missouri 0

FATHER

13. NAME John Pollard 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn 0

MOTHER

15. MAIDEN NAME Pheobe King
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs Ruth Davis
(ADDRESS) Lawson Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmira Cemetery DATE Feb 22 1939

19. UNDERTAKER James A Moler
(ADDRESS) Lawson, Mo.

20. FILED Mar 1 1939 Miss Wyki Thompson
Registrar. 1103

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19 1939 to Feb 20 1939
I last saw him alive on Feb 20 1939. Death is said to have occurred on the date stated above, at 1:25 P.M. in. The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage with left Hemiplegia Chronic Myocarditis Essential Hypertension.

Other contributory causes of importance: 92c

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) Otletus Buehner, M. D.
(Address) Lawson Missouri

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.

RECEIVED

District Health Officer No. 11,

District File Number 39-121

Date Filed MAR 10 1939