

REC'D SEP 21 1939

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

29630
Do not use this space.

1. PLACE OF DEATH

(a) County Macon, Registration District No. 533
(b) Township Hudson, Primary Registration District No. 3027
(c) City Macon, Mo. (d) Street No. Macon, Mo. St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Kate Blanton Pollard.

(a) Residence, No. Macon, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 James Christy Pollard.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
77 8 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife.
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) Howard County, Mo.

FATHER 13. NAME B. F. Blanton.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Harriet Young.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Maude Carson.
(ADDRESS) Greenwich, Conn.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stoutsville Cem DATE 8/30/39, 1939

19. FUNERAL DIRECTOR (NAME) Albert Skinner..
(ADDRESS) Macon, Mo.

20. FILED 9/8, 1939 Seeta Keenan Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1939, to Aug 28, 1939
Last saw her alive on Aug 28, 1939. Death is said to have occurred on the date stated above, at 5:00 P. M.
The principal cause of death and related causes of importance were as follows:

Cerebrina Liver Date of onset See Mo.
4-10
Other contributory causes of importance: Arteriosclerosis 4 yrs.
Central Neurinoma (cervical) 8 yrs.

Name of operation none 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? _____
If so, specify _____
(Signed) Seeta Keenan, M. D.
Macon, 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.

RECEIVED

District Health Officer No. 10

District File Number 9-39-1636

Date Filed SEP 11 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Albert Skinner....., Registered Apprentice No.....
working under my personal supervision.

Signed Albert Skinner

Licensed Embalmer No. 737

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.