

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

Do not use this space.

31260

1. PLACE OF DEATH

County Randolph Registration District No. 735 File No. 31260  
 Township Moberly Primary Registration District No. 2834 Registered No. 1921  
 City Moberly (No. Mc Cormick Hospital) St. 121 Ward 18

2. FULL NAME

Bessie E Pollard  
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ellis Pollard</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 15<sup>th</sup> 1889</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>38</u>	<u>6</u>	<u>2</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Housekeeper</u>				
(b) General nature of industry, business, or establishment in which employed (or employer)				
(c) Name of employer				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 19<sup>th</sup> 1927  
 17. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw him \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_, 9:00 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Verdict of the Jury  
That the deceased came to her death from septic infection.  
3/6 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 4/1 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) J. M. McLean M.D.  
10-18<sup>th</sup> 1927 (Address) Moberly 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 Macedonia near Dady DATE OF BURIAL 10-18<sup>th</sup> 1927

20. UNDERTAKER Wahaw ADDRESS 10-18<sup>th</sup> 1927  
Moberly Mo

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

PARENTS	10. NAME OF FATHER <u>Edward Sulaney</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Mo</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Mattie Perry</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Mo</u> (STATE OR COUNTRY)

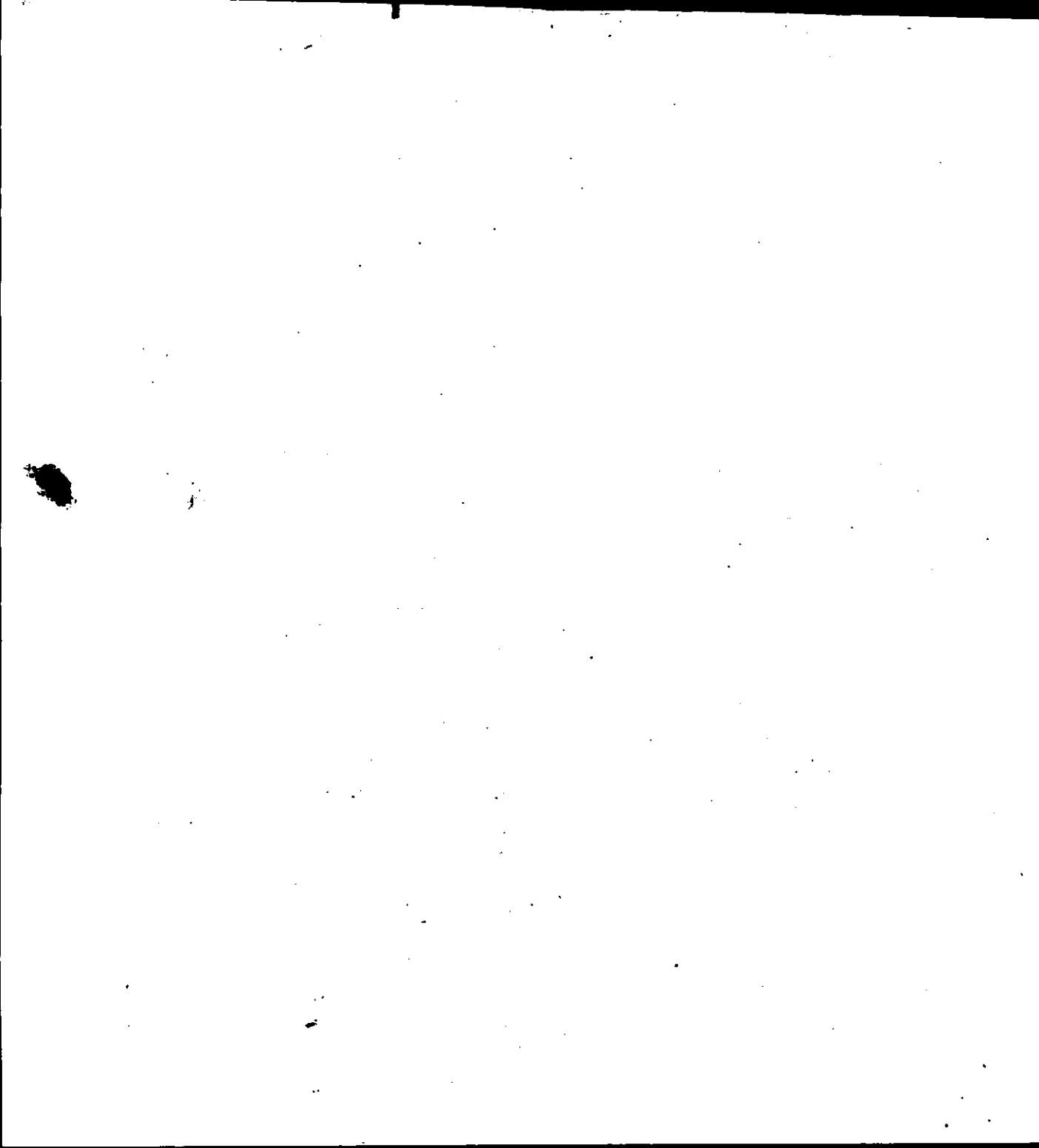
14. INFORMANT Ellis Pollard  
 (Address) 200 Middle Grove Mo

15. FILED 10-18 1927 Thos. S. Fleming REGISTRAR

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.

PERMANENT RECORD

NOV 1927



ated by check marks;

Name: Bessie O. Collier  
Who died at: Moberly, Mo. on Oct. 17, 1927.

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex: \_\_\_\_\_ Color or race: \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade \_\_\_\_\_ (b) Industry: \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_ Mo

Birthplace of mother (State or country) \_\_\_\_\_

CAUSE OF DEATH: Verdict of the Jury that the deceased came to her death from septic infection

Contributory: No

Where was disease contracted? \_\_\_\_\_

Did operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_ What test confirmed diagnosis? \_\_\_\_\_

Name of physician: J. M. McLellan, Coroner

Address of physician: Moberly, Missouri

Prompt return of

5-31260

100  
100  
100