

PLACE OF DEATH
 County of Lansing
 Township of _____
 or
 Village of _____
 or
 City of Flint (No. _____ St.; _____ Ward)

STATE OF MICHIGAN
 Department of State—Division of Vital Statistics
CERTIFICATE OF DEATH

325
 OCT 7 1907

Registered No. 2
 (If each copy of this certificate is to be retained, give its number instead of date and number. If only final usual residence, give "Special Information" below.)

FULL NAME James Pollock

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR White

DATE OF BIRTH (Month) (Day) (Year)
Aug 31 1820

AGE 87 years 15 months 15 days

SINGLE, MARRIED, WIDOWER, OR DIVORCED
Widowed

AGE AT MARRIAGE, NUMBER OF CHILDREN
 (If world, give first marriage) 32 years
 (First & 2nd marriages, if more, give age at birth)

BIRTHPLACE (State or country)
N.Y.

NAME OF FATHER
George Pollock

BIRTHPLACE OF FATHER (State or country)
Scotland

MAIDEN NAME OF MOTHER
May Salmon

BIRTHPLACE OF MOTHER (State or country)
Scotland

OCCUPATION
Farmer

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (Month) (Day) (Year)
Sept 4 1907

I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1907, to Sept 4, 1907, that I last saw him alive on Sept 4, 1907, and that death occurred, on the date stated above, at 1 A.M.

The CAUSE OF DEATH was as follows:
General Dissolution
15V
Several months
 Contributory old age

(Signed) George W. Rapp M.D.
1007 (Address) Flushing Mich.

SPECIAL INVESTIGATION only for Hospital, Institution, Tenement or Social Residence:
 Place or road where _____ how long at place of death? _____ days

When was brain examined, if not at place of death?

THE ABOVE-GIVEN PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Signature) James Pollock
 (Address) Flint Mich.

PLACE OF BURIAL OR CREMATION
Trinitarian Cem.

DATE OF BURIAL
Sept 6 1907

PREPARED BY
A. H. Dodds

REGISTERED
Sept 4, 1907 A. H. Dodds (Signature)
Flint Mich. (Address)