

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

19879

1. PLACE OF DEATH

County BollingerRegistration District No. 66Township TruesdellPrimary Registration District No. 5104City Marble Hill(No.)File No. Registered No. St. Ward

2. FULL NAME

Henry Bollinger(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OR (or) WIFE OF

Bollinger

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

May 23 1853

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

73X10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Cape County

10. NAME OF FATHER

Harve Bollinger

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Cape County

12. MAIDEN NAME OF MOTHER

Sabah Cite

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Cape County

14.

INFORMANT

(Address)

Andrew Bollinger
Marble Hill

15.

FILED

8/1/28J. J. Johnson

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

6-3-1928

17.

I HEREBY CERTIFY, That I attended deceased from 5/3, 1928, to 6-3, 1928that I last saw him alive on 6-3, 1928, and that death occurred, on the date stated above, at 8:30 A.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Stomach46B

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Chas. F. Farnsworth, M. D., 19 (Address) Ludwille, 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

DATE OF BURIAL

Hahn Cappel, June 4 1928

20. UNDERTAKER

ADDRESS

H. J. Baker, Ludwille

