

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

Do not use this space.

1. PLACE OF DEATH U.S.VET.HOSP. #67,

County... Jackson  
Towaship... Kaw  
City... Kansas City, Mo.

Registration-District No. 339

Primary Registration District No. U.S. Veterans Hosp

File No. 27364  
Registered No. 3440  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME BOLGER, Edward Joseph

C- None

(a) Residence. No. Independence, Missouri, St. \_\_\_\_\_  
(Usual place of abode)

Ward. \_\_\_\_\_

Pvt. 313rd Engrs.

(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)

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 10, 1891.

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

36

10

6

8. OCCUPATION OF DECEASED

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

Farming.

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Kansas City, Mo.

(STATE OR COUNTRY)

Missouri.

10. NAME OF FATHER

Richard Bolger,

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Independence,

(STATE OR COUNTRY)

Missouri.

12. MAIDEN NAME OF MOTHER

Lizzie Scott,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Raytown,

(STATE OR COUNTRY)

Missouri.

14.

INFORMANT Mrs. Kate Scanlon, Aunt,  
(Address) Route #3, Blue Springs, Missouri

15.

FILED 8-16-28 M. M. Enowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 16, 1928.

17.

I HEREBY CERTIFY, That I attended deceased from March 2, 1928, to August 16, 1928 at 1928 in Independence, Missouri that I last saw h. im alive on August 16, 1928, and that death occurred, on the date stated above, at 11:45 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Bronchopneumonia.

85 76 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds.

CONTRIBUTORY General Paralysis of Insane.

(SECONDARY)

Unknown.

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

(DID AN OPERATION PRECEDE DEATH) No. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No. Physical, Neurological and Serological exams.

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic

(Signed) W. E. CHAMBERS, Medical Officer in Charge, U.S.VET.HOSP., Kansas City, Missouri

\*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

H. Mansfield, Mo.

8-18 1928

20. UNDERTAKER

ADDRESS

Ott + Mitchell

Indep.

K. 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.

TYPE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

