

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

Do not use this space.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.  
 #6 added by myself  
 235  
 1  
 4  
 4

24 1929

**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 125 File No. 9828  
 Township St. Louis Primary Registration District No. 3009 Registered No. 76  
 City Cape Girardeau Mo (No. Southeast Mo. Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Bollinger, Mrs. Mary Thesia  
 (a) Residence No. Mayfield St., \_\_\_\_\_ Ward. Mayfield, Mo  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. 2 mos. 23 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Female **4. COLOR OR RACE** Caucasian **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)** married

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Oct 15, 1852

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
76 4 29

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work House wife 48  
 (b) General nature of industry, business, or establishment in which employed (or employer) 53  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Perry County Missouri

**10. NAME OF FATHER** Constance Rameil

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** Belgium

**12. MAIDEN NAME OF MOTHER** un known

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Belgium

**14. INFORMANT** Lina Lough Mrs Emma  
 (Address) 317 Mill St Cape Girardeau Mo

**15. FILED** 3/15 1929 W. Haempfer REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** March 14 1929

**17. I HEREBY CERTIFY, That I attended deceased from** Dec 21 1928, to March 14 1929 that I last saw her alive on March 14 1929, and that death occurred, on the date stated above, at 2:10 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Carcinoma uterus  
4/6 (duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY Carcinoma (SECONDARY) (duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH. Bollinger Co Mo

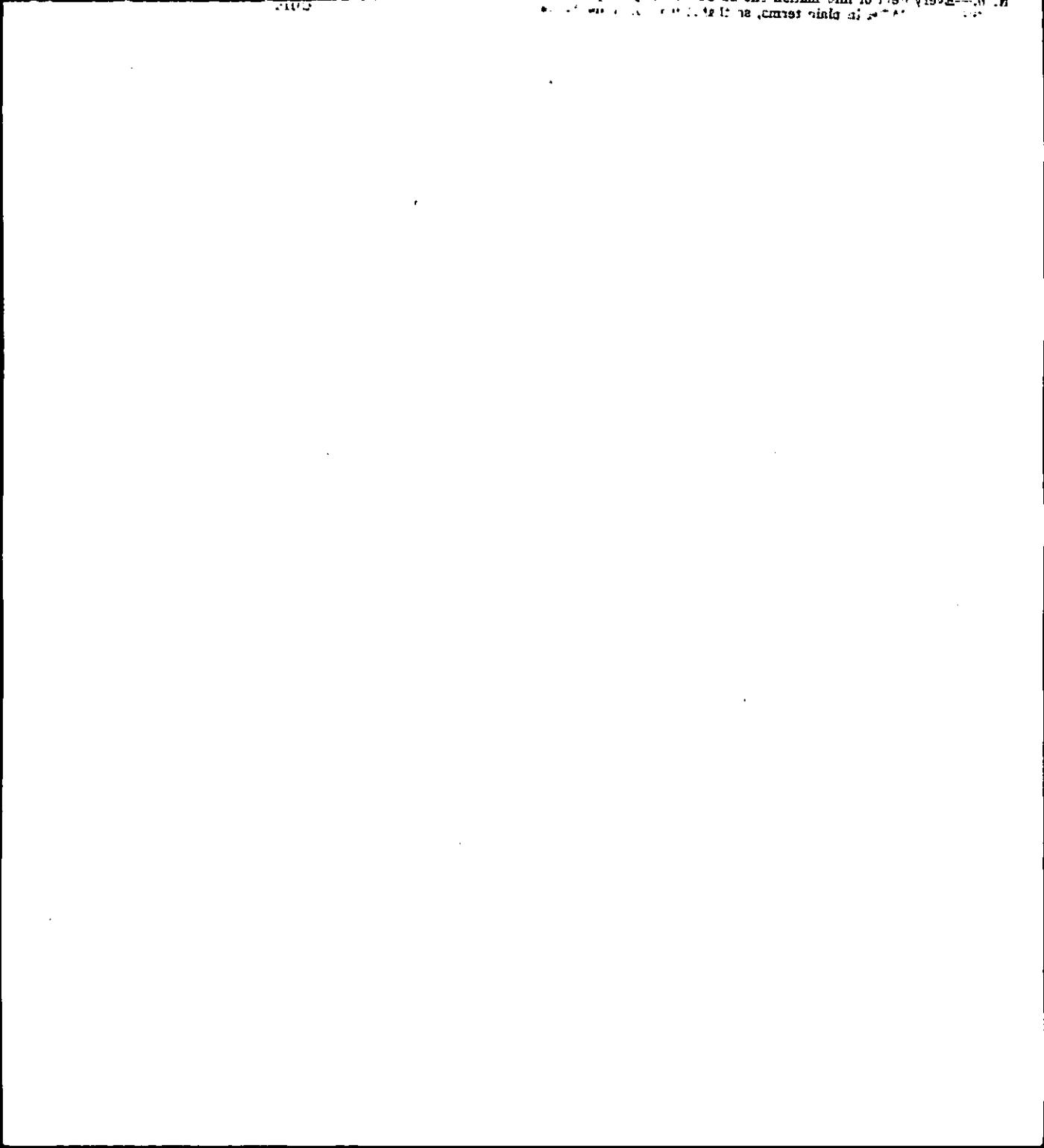
**DID AN OPERATION PRECEDE DEATH?** Yes DATE OF 1/2/29

**WHAT TEST CONFIRMED DIAGNOSIS?** Lab. Examination  
 (Signed) D. L. Seabright, M. D.  
 , 19 (Address) Cape Girardeau 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** Patton, Mo DATE OF BURIAL 3/15 1929

**20. UNDERTAKER** Cracraft Miller ADDRESS Jackson Mo



**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

4828  
ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH *Giv*  
 County *Cape Girardeau* Registration District No. *125* File No. ....  
 Township ..... Primary Registration District No. *3009* Registered No. *76*  
 City (No. ....) St. .... Ward)

2. FULL NAME *Mrs Mary Theresia 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX *F.* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *m*

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Mar 14 1929*

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

17. I HEREBY CERTIFY That I attended deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on ..... 19..... and that death occurred, on the date stated above, at .....

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Oct. 15 - 1852*

THE CAUSE OF DEATH WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
*76 4 29*

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work .....  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

CONTRIBUTORY (SECONDARY) (duration) ..... yrs. .... mos. .... ds.  
 18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: .....  
 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....  
 WAS THERE AN AUTOPSY? .....  
 WHAT TEST CONFIRMED DIAGNOSIS? .....  
 (Signed) ..... M. D.  
 , 19 (Address) .....

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

10. NAME OF FATHER .....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) .....

12. MAIDEN NAME OF MOTHER .....

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) .....

14. INFORMANT *Robt Bollinger*  
 (Address) *Jackson Mo*

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Patton Cemetery* DATE OF BURIAL *Mar 15 1929*

15. FILED *5720* 19 *29* *W. H. Haeppel* REGISTRAR

20. UNDERTAKER *Cracraft & Miller* ADDRESS *Jackson Mo*

**SUPPLEMENTARY**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW  
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-9828