

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

DEC 18 1929

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.

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

Do not use this space.

36296

1. PLACE OF DEATH

County Bollinger
Township Lorain
City Marion (No.)

Registration District No. 67
Primary Registration District No. 5702C

File No.
Registered No. 43
St. Ward)

2. FULL NAME

(a) Residence. No. James Wallis Bollinger Co. Farm Ward.

(Usual place of abode)
Length of residence in city or town where death occurred yrs. — mos. 5 ds. 2 / 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) 3-15-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
71 8 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). ✓
(c) Name of employer Immigration Agency, Farm

9. BIRTHPLACE (CITY OR TOWN) Do not know
(STATE OR COUNTRY)

10. NAME OF FATHER Do not know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Do not know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Do not know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Do not know
(STATE OR COUNTRY)

14. INFORMANT Charles Reeves
(Address) Marion, Mo. Farm

15. FILED 11/19/29 Ed Sander
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-19 1929

17. I HEREBY CERTIFY, That I attended deceased from ✓ 1929, to ✓ 1929, that I last saw him ✓ alive on ✓ 1929, and that death occurred, on the date stated above, at ✓ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart failure verdict
of Coronary (duration) yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY)

2000 (duration) yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH ✓

19. DID AN OPERATION PRECEDE DEATH? DATE OF ✓

WAS THERE AN AUTOPSY? ✓

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Cunningham, M. D.
1929 (Address) Marion, 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

Cowder Farm 11/19 1929

20. UNDERTAKER ADDRESS ✓
Max Butler Marion, Mo.

