

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

Do not use this space.

4033

1. PLACE OF DEATH

County BOLLINGER

Registration District No. 67

Township LOURANCE

Primary Registration District No. 2702e

City MARBLE HILL

(No. St. Ward)

File No.

Registered No. 4

St.

Ward)

2. FULL NAME

ANDREW J. 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 29 yrs. 11 mos. 14 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 OF (OR) WIFE OF

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

Nov. 23-1887

7. AGE

78 YEARS

MONTHS

2

DAYS

24

If LESS than 1 day, ... hrs. or min.

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 GIRARDEAU COUNTY, MO.

10. NAME OF FATHER

DAVE BOLLINGER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

CAPE GIRARDEAU CO., MO.

12. MAIDEN NAME OF MOTHER

SALLY CRITES

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

CAPE COUNTY, MO.

14. INFORMANT

(Address)

Chas. Bollinger
Luttwilly, MO

15. FILED

2-18, 1930

G.B. Sander

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

2-17 1930

17.

I HEREBY CERTIFY, That I attended deceased from

2-10-

1930

to 2-17

1930

that I last saw him alive on 2-17- 1930, and that death occurred, on the date stated above, at 9-15 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

10 1/2

10 1/2

(duration)

hrs.

mos.

ds.

CONTRIBUTORY (SECONDARY)

(duration)

hrs.

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)

G.B. Sander

M. D.

19

(Address)

Marble Hill, 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

Holmes Cemetery

2-18

1930

20. UNDERTAKER

ADDRESS

A.J. Baker

Luttwilly MO

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.

