

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

Do not use this space.

17098

JUN 24 1931

1. PLACE OF DEATH

9 County Bollinger Registration District No. 67
Township Scopus Primary Registration District No. 3706
City Patton (No. _____) St. _____ Ward _____

2. FULL NAME

Henry F. 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 m 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 Ellen Bollinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3 - 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 8 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Patton Mo.

FATHER 13. NAME Henry Bollinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Patton Mo.

MOTHER 15. MAIDEN NAME Sarah Bollinger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Patton Mo.

17. INFORMANT (ADDRESS) Henry P. Bollinger
Highway 10, Patton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Patton DATE _____ 19

19. UNDERTAKER (ADDRESS) Craight & Miller
Jackson Mo.

20. FILED May 15 1931 Sarah Bollinger
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 - 1931
I HEREBY CERTIFY, That I attended deceased from May 14, 1931, to May 15, 1931
I last saw him alive on May 14, 1931. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Enlarged Prostate about 2 yrs
Date of onset _____
37
Other contributory causes of importance:
Retention urine

Name of operation _____ Date of _____
What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify _____
(Signed) W. L. S. ... M. D.
(Address) Jackson Mo.

Every item of information should be carefully supplied. AGE, SEX, OCCUPATION, and CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACTLY. PHYSICIAN'S SIGNATURE and OCCUPATION is very important.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
 County Bollinger Registration District No. 67 File No. _____
 Township Cooper Primary Registration District No. 3106 Registered No. 11
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Henry F. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 3-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 8 12

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) Patton
 (STATE OR COUNTRY) mo

10. NAME OF FATHER Henry Bollinger

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

12. MAIDEN NAME OF MOTHER Wash Bollinger

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15 1931

17. I HEREBY CERTIFY That I attended deceased from May 14 1931 to May 15 1931 that I last saw alive on May 14 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
enlarged prostate
abt 2 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Retention urine
 (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? no
 WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
 (Signed) D. J. L. Seabough M/D
19 (Address) Jackson 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 DATE OF BURIAL _____
 20. UNDERTAKER Craight & Miller ADDRESS Jackson mo

14. INFORMANT Henry B. Bollinger
 (Address) Hedgewoodville mo

15. FILED July 11 1931 G. A. Sander
 REGISTRAR

REG STRIPS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNLESS THEY ARE COMPLETE AS PRESCRIBED BY LAW
 N. H. P. - Every item of information should be carefully supplied. AGE & SEX should be stated. Exact state & COUNTY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.
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SUPPLEMENTARY

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