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.

AUG 24 1931

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

Do not use this space.

24302

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 789

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Minnie May Bollinger,

(a) Residence, No. St., Ward. Hatfield, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Jesse F. Bollinger,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Year 1893

7. AGE: YEARS 38 — MONTHS Unk. — DAYS Unk. — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home,

10. Date deceased last worked at this occupation (month and year): July 1931

11. Total time (years) spent in this occupation: 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Missouri,

FATHER

13. NAME: David Mull

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

MOTHER

15. MAIDEN NAME: Mary Jane Dyce,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

17. INFORMANT (ADDRESS): Jesse F. Bollinger Hatfield, Missouri,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hatfield, Mo. DATE July 31, 1931

19. UNDERTAKER (ADDRESS): Heaton-McGole & Bowman 319 S. 10th St. Funeral Home

20. FILED 7-29-31, 19 John R. Bender 2 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 29, 1931

22. I HEREBY CERTIFY, That I viewed on ~~attended deceased from~~ , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 2:00 a.m.

The principal cause of death and related causes of importance were as follows:

Hypothyroidism

Date of onset

Other contributory causes of importance: None

Name of operation None Date of —

What test confirmed diagnosis? History 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? No

If so, specify

(Signed) B. W. Tadlock - Coroner, M. D.

(Address) 821 Francis