

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.

NOV 29 1931

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

Do not use this space.

36848

1. PLACE OF DEATH

County Bollinger
Township Wright
City Scipio Mo. (No.)

Registration District No. 70
Primary Registration District No. 5109

File No.
Registered No. 9
St. Ward)

2. FULL NAME

(a) Residence. No. Azra Myrtle Bollinger St. Ward.

(Usual place of abode)
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. (If nonresident, give city or town and State)

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 Philly Bollinger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 21, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 8 9

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER John M. Limbaugh
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co.
12. MAIDEN NAME OF MOTHER Anna Limbaugh
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co.

14. INFORMANT Philly Bollinger (Address) Scipio Mo.

15. FILED 11/5/31 P. S. Staller REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 3, 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1931 to Nov 3, 1931 that I last saw him alive on Oct 29, 1931 and that death occurred, on the date stated above, at Scipio Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral tumor
540
5 weeks (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 540 (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) D. C. Vaughan, M. D.
, 19 (Address) Patton, 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 Wedgeville Cemetery DATE OF BURIAL Nov 5, 1931
20. UNDERTAKER McCombs Funeral Home Co. ADDRESS Jackson Mo.

