

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.

SEP 31 1934

7353-1

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

Do not use this space.

7353-1

1. PLACE OF DEATH

9 County Bollinger
Township Copier
City New Mayfield Mo.

Registration District No. 4867
Primary Registration District No. 3106

File No.
Registered No.
St. Ward)

2. FULL NAME

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary T Bollinger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1849
7. AGE YEARS 82 MONTHS 8 DAYS 25 If LESS than 1 day, ... hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer
10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation 25

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

FATHER 13. NAME Frederick Bollinger

14. BIRTHPLACE (CITY OR TOWN) New Salem Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sally Bollinger

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

17. INFORMANT Chas. F. Bollinger (ADDRESS) Mayfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Patton DATE Mo. 29 1934

19. UNDERTAKER Crawford Miller (ADDRESS) Patton Mo.

20. FILED 1/10 1934 Chas. F. Bollinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1932, to March 28, 1932.
I last saw him alive on Jan 18, 1932. Death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:

Myocarditis
930 9310
930 9310
Other contributory causes of importance: Heart Dropsy
Date of onset 1932

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) L. P. L. Fisher, M. D.
(Address) Patton Mo.

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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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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 Bullinger
Township Seaports
City _____ (No. _____, St. _____ Ward _____)

Registration District No. 67
Primary Registration District No. 5706

File No. _____
Registered No. 16

2. FULL NAME

(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) Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary T. Bullinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3 - 1849

7. AGE YEARS 82 MONTHS 8 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) 1 year ago

11. Total time (years) spent in this occupation _____

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

13. NAME Frederick Bullinger

14. BIRTHPLACE (CITY OR TOWN) near Sedgewickville (STATE OR COUNTRY) Mo

15. MAIDEN NAME Sally Bullinger

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

17. INFORMANT Chas. F. Bullinger (ADDRESS) Mayfield Mo

18. BURIAL, CREMATION, OR REMOVAL Patton Cemetery PLACE Patton DATE Mch 29, 1932

19. UNDERTAKER Cracraft - Miller (ADDRESS) Jackson Mo

20. FILED Feb 1, 19 32 Ch. Sander Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1932 to Mch 28, 1932

I last saw him alive on Jan 19, 1932 Death is said to have occurred on the date stated above, at 9 a. m.

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

Myocarditis Date of onset 1927

Other contributory causes of importance: Heart Dropsy 1930

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) D. L. Seabaugh, M. D.

(Address) Jackson Mo.

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