

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 26 1932

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

Do not use this space.

13463

22

1. PLACE OF DEATH
79 County Perry Registration District No. 660
2 Township Central Primary Registration District No. 4396
6 City Campee (No. _____) St. _____ Ward _____

2. FULL NAME Regina M. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-1-1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
5 7 7

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

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) Campee Mo

13. NAME David Bollinger

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

15. MAIDEN NAME Norris Mall

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

17. INFORMANT David Bollinger
(ADDRESS) Campee, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope County DATE 4-10-1932

19. UNDERTAKER Hollins & Sons
(ADDRESS) Campee, Mo

20. FILED 4-9-32 Geo. J. Meeker
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8-1932

22. I HEREBY CERTIFY, That I attended deceased from 3-27-32, 19____, to 4-8-, 1932
I last saw hu alive on 4-8-, 1932 Death is said to have occurred on the date stated above, at 2.0 p.m.
The principal cause of death and related causes of importance were as follows:
116 Lobar Pneumonia 3-28-32
Influenza 3-27-32

Other contributory causes of importance: Influenza ①

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) Dr. C. B. Kelly, M. D.
(Address) Campee Mo

