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

Do not use this space.

202

1. PLACE OF DEATH

9 County Bollinger — Registration District No. 70

Township Whitewater — Primary Registration District No. 5109

City Near Sedgewickville (No. ..... St. ..... Ward)

File No. .....

Registered No. 2

2. FULL NAME Elizabeth 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 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JAN 21 1933

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	White	Widow

6a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: John W. Bollinger

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 1, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	69	8	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Lived With Son
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Sedgewickville
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Daniel Frieze

11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Sarah Hartle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Sedgewickville
(STATE OR COUNTRY): Mo.

14. INFORMANT: Mrs Doris Moore
(Address): Randles Mo.

15. FILED 1/2, 1933 P. L. Statler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 2nd 1933

17. I HEREBY CERTIFY, That I attended deceased from Dec 14th, 1932 to Jan 2nd, 1933, that I last saw h[illegible] alive on Jan 1st, 1933, and that death occurred, on the date stated above, at 2 P. m.

11B THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ....yrs. ....mos. ....ds.

11B

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) Edward Cates, M. D.

, 19 (Address) Sedgewickville 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: Sedgewickville Mo. — DATE OF BURIAL: June 3 1933

20. UNDERTAKER: Crowell-Miller — ADDRESS: Jackson Mo.