

MAY 22 1933

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

Do not use this space.

12588

1. PLACE OF DEATH

16 County Cape GirardeauRegistration District No. 1251 Township 11Primary Registration District No. 30098 City St. Francis Hospital(No. St. Francis Hospital)

File No.

Registered No. 95

St. Ward)

2. FULL NAME

Betty Dean Bollinger(a) Residence, No. 1538 S. Midda 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)

Single

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

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

April 13 - 1905

7. AGE

28 YEARS

MONTHS

0

DAYS

0If LESS than 1 day, 14 hrs. or 14 min.

OCCUPATION

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

Child

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)

Cape Girardeau MO

FATHER

13. NAME

Florence Bollinger

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

Luttwil MO

MOTHER

15. MAIDEN NAME

Elsie Sheets

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

Mayfield MO

17. INFORMANT (ADDRESS)

Florence Bollinger Cape Girardeau MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE Luttwil Cent. DATE 4-13 1933

19. UNDERTAKER (ADDRESS)

Fleming Funeral Home Cape Girardeau MO

20. FILED

4-13 1933 COCKRUFF Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 193322. I HEREBY CERTIFY, That I attended deceased from 9 AM 4/12, 1933, to 12 AM 4/13, 1933I last saw him alive on 4/12, 1933 Death is saidto have occurred on the date stated above, at 12 a. m.

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

Pneumonia Date of onsetadmission159

Other contributory causes of importance

159

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

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) John S. Cockruff, M. D.

(Address)

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.

MARGIN RESERVED FOR BINDING

