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

NOV 22 1934

Do not use this space.

36909

1. PLACE OF DEATH

County: Perry — Registration District No. 659 — File No. 10

Township: Cinque Hommes — Primary Registration District No. 5876 — Registered No. 10

City ..... (No. ..... St. ..... Ward)

2. FULL NAME: Mrs. Melva Bollinger

(a) Residence, No. ..... (Usual place of abode) Millheim Mo St., ... Ward. ..... (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.

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: Female

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: H. J. Bollinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 30-1854

7. AGE: Years 80 — Months 1 — Days 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Lima Illinois

FATHER

13. NAME: Wm. Bryant

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

MOTHER

15. MAIDEN NAME: Rachael (Unknown)

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

17. INFORMANT (ADDRESS): Mrs. Jack Hough, Millheim Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Mt. Pleasant Cem. — DATE: Oct 27, 1934

19. UNDERTAKER (ADDRESS): Young & Fenwick, Perryville Mo

20. FILED: Oct 27, 1934 — Martin Moeckel, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22 th., 1934, to Oct. 26 th., 1934

I last saw her alive on Oct 22 th., 1934. Death is said to have occurred on the date stated above, at 10 a. m.

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

	Date of onset
Cancer of Stomack	2 Years

Other contributory causes of importance: None

Name of operation: None — 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) Oscar Carron, M. D.

(Address) Perryville Mo