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.

APR 23 1936

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

Do not use this space. 10638

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1304
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. Wesley Hospital St. Ward)

2. FULL NAME Mrs May Bollinger
(a) Residence, No. 6230 East 14th Street St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 47 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Marion Bollinger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June, 23, 1873
7. AGE: YEARS 62 — MONTHS 8 — DAYS 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): Glenwood Iowa

FATHER
13. NAME: James Dalton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

MOTHER
15. MAIDEN NAME: Mary Root
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Marion Bollinger 6230 East 14th Street
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE 3/12/36 19
19. UNDERTAKER (ADDRESS): Freeman Mortuary & Chapel 104 West 42nd Street
20. FILED Mch 11 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 9, 1936
22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1935, to Mar. 9, 1936
I last saw her alive on Mar 9, 1936. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Parenchyatous nephritis (acute)	
92a	

Other contributory causes of importance: mitral regurgitation

Name of operation: None Date of
What test confirmed diagnosis? Laboratory Was there an autopsy? Yes

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) Jas W Graham, M. D.
(Address) 205 Argyle Kansas City