

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

Do not use this space.

OCT 20 1936

33706

1. PLACE OF DEATH
County Buchanan, Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph, (No. St. Joseph's Hospital, St. _____ Ward _____)
2. FULL NAME Pauline Bollmann,
(a) Residence, No. 2104 Main St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
Registered No. 1175

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1936 to Sept 14, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan'y 6, 1863

I last saw her alive on Sept 13, 1936. Death is said to have occurred on the date stated above, at 10:00 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 8 8

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,
10. Date deceased last worked at this occupation (month and year) September 1936 11. Total time (years) spent in this occupation 40

Date of onset ?
1/31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Missouri,

Other contributory causes of importance:
Hypertension
Arterio-sclerosis
and in Uremia.

13. NAME Bernard Busch,

Name of operation _____ Date of _____
What test confirmed diagnosis? clin Was there an autopsy? yes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

15. MAIDEN NAME Alice Ruckerman,

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.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

17. INFORMANT (ADDRESS) William R. Busch, 913 Roosevelt Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cem. DATE Sept. 16th, 1936

19. UNDERTAKER (ADDRESS) Heater Beale Bowman, 319 So. 10th St. Funeral Home

20. FILED Sept 16, 1936 H. J. Nestelbusch Registrar

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) Johnson, M. D.
(Address) St. Joseph, Mo

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.

