

APR 19 1937

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

Do not use this space.

11841

1. PLACE OF DEATH

County Ray
 Township Blair
 City Blair, Mo. (No. 4181)

Registration District No. 302
 Primary Registration District No. 623

File No.
 Registered No.
 St. Ward)

2. FULL NAME

August Fritz Bollmann

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23, 1859

7. AGE YEARS 78 MONTHS 20 DAYS 4 If LESS than 1 day, ... hrs. or min.

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

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) Germany

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Hy Bollmann (ADDRESS) Blair, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Blair, Mo. DATE 3-29 1937

19. UNDERTAKER Lassman (ADDRESS) Blair, Mo.

20. FILED 3-27 1937 Ed Bunge Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 22, 1937 to Mar. 27, 1937

I last saw him alive on Mar. 26, 1937 Death is said

to have occurred on the date stated above, at 6 P. m.

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

Cerebral Hemorrhage Date of onset

(Apoplexy)

Other contributory causes of importance:

820

Name of operation

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) E. A. Bunge M. D.

(Address) Blair, 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.

