

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

Do not use this space.

1. PLACE OF DEATH

County Jackson County Registration District No. 399
 Township Hannas City Primary Registration District No. 1002
 City Mo. (No. 331 Highland Ave) St. _____ Ward _____

File No. 1361
 Registered No. 49

2. FULL NAME

Henry Bolger 113. 10

(a) Residence, No. 331 Highland Ave 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 Male 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) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) Independance Mo

FATHER 13. NAME William Bolger

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

MOTHER 15. MAIDEN NAME Mary Maher

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

17. INFORMANT Sister Camilla (ADDRESS) 531 Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Indep. Mo DATE 1-5-38, 1938

19. UNDERTAKER Leisk and Levin Co. (ADDRESS) Hannas City, Mo.

20. FILED Jan 5 1938 M. M. Snow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 4th 1938

22. I HEREBY CERTIFY, That I attended deceased from June, 1932, to Jan. 2, 1938

I last saw him alive on January 2, 1938 Death is said to have occurred on the date stated above, at St. M. P. Mo.

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

Chronic nephritis
4 years
10 years
 Date of onset _____

Other contributory causes of importance: Arteria sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? chemistry Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1938
 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) Paul V. O'Rourke M.D.
 (Address) 1402 Bryant Bldg

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.

RECEIVED

FEB 18 1938

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MO. STATE BOARD OF HEALTH