

REC'D JAN 9 1939

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

42289

Do not use this space.

1. PLACE OF DEATH

(a) County Bollinger Registration District No. 18
 (b) Township Union Primary Registration District No. 3-1-03
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William Walter Bollinger
 (a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mrs. Charles Bollinger
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1880
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 7 3
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Farm
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Apex, Kentucky
Mo.

13. NAME Andrew J. Bollinger
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wasson
Mo.

15. MAIDEN NAME Sarah Moore
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Charles Mary Bollinger
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Pine Hill DATE 11/17/1928

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ed. J. Webb
Fredricktown, Mo.

20. FILED 12/26 1928 Bollinger
Frank McCall Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. 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:

Died without medical attendance. Probably acute indigestion or appendicitis.
 Date of onset _____

Other contributory causes of importance:

Name of operation _____ 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) Andrew J. Baker M.D.
 (Address) Unionville, Coroner
Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Myron A. LaPee

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Myron A. LaPee

Licensed Embalmer No. *4025*

P. O. Address *Fredericktown, Md.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.