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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

X7044

DEC JAN 14 1939

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

Do not use this space.

1. PLACE OF DEATH
County Barton — Registration District No. 45 — File No. 1527
Township Doylesport — Primary Registration District No. 5068 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Amelia Eunice Bollinger
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 72 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Bollinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13th 1848

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
90	2	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) St. Williams Ontario Canada

FATHER
13. NAME Phillip Gray
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER
15. MAIDEN NAME Margaret Jackson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs M. A. Foster Lamar Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hopewell Cem DATE 1-2 1939

19. UNDERTAKER (ADDRESS) River Funeral Home Lamar Mo.

20. FILED 1-10 1939 Harvey B. Wilcox Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1st 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1938, to Jan. 1, 1939
I last saw her alive on Dec. 31, 1938. Death is said to have occurred on the date stated above, at 10:15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Dec. 28
Cerebral Hemorrhage	Dec. 25
9 2 41	
Other contributory causes of importance: arterial Hypertension	years ago

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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 ....., 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) Vern T. Bickel, M. D.
(Address) Lamar, Mo.