REC'D FEB 9 1939

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

3656
Do not use this space.

1. PLACE OF DEATH
(a) County Ripley (2) Registration District No. 750
(b) Township Doniphan Primary Registration District No. 4451 Registered No.
(c) City Doniphan (d) Street No. St.
(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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
4.51

2. PRINT FULL NAME Lucretia Clementine Bollenbacher

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-26-1862.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	76	11	16.	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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) Alabama.

FATHER
13. NAME W. J. Reeves.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama.

MOTHER
15. MAIDEN NAME Mary Mayhan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT (ADDRESS) Bryan Crimm, Doniphan. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Tucker Mo. Cem. DATE 1-13-39 19

19. FUNERAL DIRECTOR (NAME) Jordan
(ADDRESS) Doniphan

20. FILED 1-13 1939 E. B. Johnston
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-12- 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-1 1939, to 1-12 1939
I last saw h. Or alive on 1-11 1939 Death is said to have occurred on the date stated above, at 3:4 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/1/39
Other contributory causes of importance: DS	

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) Clifford Gofort, M. D.
(Address) Doniphan Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

91
10

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, ...

....., or by .....

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

Signed H. E. Jordan

Licensed Embalmer No. 32,001

P. O. Address Donikhan, Tex

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

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