WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

100M-11-24-33

DEC 20 1935

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

Do not use this space.

37168

1. PLACE OF DEATH
County St. Francois — Registration District No. 775 — File No.
Township Perry — Primary Registration District No. 6020-A. — Registered No. 70
City Bonne Terre (No. , St. Ward)

2. FULL NAME Augustus Eliga Bollinger
(a) Residence, No. Sabula Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 19, 1857

7. AGE: 78 YEARS — MONTHS: 0 — DAYS: 25 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Sabula Mo.

FATHER
13. NAME: Joseph Bollinger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Paul Bollinger Sabula Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sabula Mo. DATE Nov. 15 1935

19. UNDERTAKER (ADDRESS): White & Son Ironton Mo.

20. FILED Nov. 16 1935 N. W. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1935, to Nov. 14, 1935
I last saw him alive on Nov. 13, 1935, Death is said to have occurred on the date stated above, at 2.10A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute intestinal Obstruction -	Nov. 12 1935
Acute Cardiac Dilation -	Nov. 13 1935
Other contributory causes of importance:	
Arterial Sclerosis -	1928
Lft Femoral Hernia	1925

122a

Name of operation: None 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) Geo. L. Watkins, M. D.
(Address)