JUN 24 1927

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

Do not use this space.

14429

1. PLACE OF DEATH
County Callaway. Registration District No. 104 File No.
Township ~~Fulton.~~ Primary Registration District No. 3008 Registered No. 104
City Fulton. Mo. (No. , St. Ward)

2. FULL NAME Thomas Miller Bolton.
(a) Residence. No. St., 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): married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Husband of Lina.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 5th. 1864

7. AGE: Years 63 | Months 1. | Days 23 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Jewlery.
(b) General nature of industry, business, or establishment in which employed (or employer): DO
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Edwin Bolton. ~~Mo.~~
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): N.C.
12. MAIDEN NAME OF MOTHER: Sallie Wenston.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.

14. INFORMANT: Mrs. Willie Newland.
(Address): Fulton. Mo.

15. FILED May 30 27 R. N. Crews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 5/28/1927

17. I HEREBY CERTIFY, That I attended deceased from viewed, 19 the body, 19 that I last saw b alive on , 19 , and that death occurred, on the date stated above, at About 2.30 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gunshot wound in head (Suicide)
117
(duration) Instant yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Ill health
170
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? Coroner viewed the body
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. H. Christian Coroner, M. D
, 19 (Address) Fulton Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Hillcrest Cemetery
DATE OF BURIAL: May. 30/27.

20. UNDERTAKER: Herndon-Taylor Furn-Co.
ADDRESS: Fulton. Mo.

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.