

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

Do not use this space.

25149

1. PLACE OF DEATH  
 County Lincoln Registration District No. 491  
 Township Troy Primary Registration District No. 4298  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

2. FULL NAME Joe. H. Bolden jr.  
 (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.

File No. \_\_\_\_\_  
 Registered No. 71

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) \_\_\_\_\_  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
58 7 8  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Joe. H. Bolden Sr.  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) \_\_\_\_\_  
 12. MAIDEN NAME OF MOTHER St.  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St.  
 (STATE OR COUNTRY) Mo.

14. INFORMANT Josie Shannon  
 (Address) Troy Mo.  
 15. FILED 7/28 1929 W.O. Smith  
 REGISTRAR

**2. MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 24 1929  
 17. I HEREBY CERTIFY, That I attended deceased from July 29 1929 to July 29 1929  
 that I last saw him alive on July 29 1929 and that death occurred, on the date stated above, at Troy Mo.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Valvular disease of heart  
192A  
97 (duration) yrs. mos. ds.  
 CONTRIBUTORY Arteriosclerosis  
 (SECONDARY) (duration) yrs. mos. ds.  
 18. WHERE WAS DISEASE CONTRACTED 900  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS Wool  
 (Signed) Sheard M. D.  
7 28 1929 (Address) Troy 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 Troy Cemetery DATE OF BURIAL 7/28 1929  
 20. UNDERTAKER D.S. Williams ADDRESS 3232 Pine  
relid.

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.

L. Pendleton