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

Do not use this space.

File No. 1133
Registered No. 119

**1. PLACE OF DEATH**

County: Jackson
Township: Kaw
City: Kansas City (No. 3111, E-20 + W St. ..... Ward)
Registration District No.:
Primary Registration District No.:

**2. FULL NAME** Erwin G Bolt

(a) Residence. No. 3111 E-20 + W St., 11 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| male | white | married |

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mary Catherine Bolt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar - 30 - 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 64 | 1 | 10 | |

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

9. BIRTHPLACE (CITY OR TOWN) Little Falls
(STATE OR COUNTRY) New York

PARENTS

10. NAME OF FATHER Edwin G Bolt
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) New York
12. MAIDEN NAME OF MOTHER Unknown Dennis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) New York

14. INFORMANT Mrs Mary C Bolt
(Address) 3111 E-20 + W

15. FILED Jan 10, 1930 M. M. Crowe
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan - 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1929, to Jan 9, 1930 that I last saw h. alive on Jan 9, 1930, and that death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchi - pneumonia (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Pernicious Anemia (duration) 2? yrs. 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical + lab.
(Signed) O. R. Withers, M. D.
1/10, 1930 (Address) 636 Argyle Bldg K C 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: Memorial Park
DATE OF BURIAL: Jan-11 1930

20. UNDERTAKER: Wrpenwermeis Sons
ADDRESS: K. C. 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.

2.3 [illegible] [illegible] 4/61

11 to 4.30 [illegible]