

33613-E

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

33613-E

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.

JAN 21 1937

1. PLACE OF DEATH  
 County Morgan Registration District No. 597  
 Township Bridge Primary Registration District No. 5752  
 City New Ganna Mills (No.)  
 St. MD Ward

2. FULL NAME Geo. Bolser  
 (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 Hattie Thomas

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 25<sup>th</sup> 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
83 1 3

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) Elmco - Indiana  
 (STATE OR COUNTRY)

10. NAME OF FATHER Regan. Bosch

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ind  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER not record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) us record  
 (STATE OR COUNTRY)

14. INFORMANT Mrs Hattie Bosch  
 (Address) Sheppard's Mt. R. Y

15. FILED 110 1937 W. J. G. H. T.  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 28<sup>th</sup> 1930

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ 8 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Bright's Disease  
1324

CONTRIBUTORY (SECONDARY) 127B  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Steele, M. D.  
 \_\_\_\_\_, 19\_\_\_\_ (Address) duwille 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 Fry Cemetery DATE OF BURIAL Oct 29 1930

20. UNDERTAKER Hedrick's Burial Co ADDRESS \_\_\_\_\_

