54

DEC 22 1930

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

461

Do not use this space.

36659

1. PLACE OF DEATH
County Lafayette
Township Lexington
City
Registration District No. 3024
Primary Registration District No. ~~461~~
File No. 98
Registered No.
(No. St. Ward)

2. FULL NAME Cardie Maria Bolten

(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 Female
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 23, 1930

7. AGE Years Months Days 1 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Adreen Bolten
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dover Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Susie Coates
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lexington Mo
(STATE OR COUNTRY)

14. INFORMANT Mr Adreen Bolten
(Address) Lexington Mo

15. Nov 25, 1930 G W Friendall
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 25 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1930, to Nov 25, 1930, that I last saw her alive on Nov 24, 1930, and that death occurred, on the date stated above, at 2 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Atelectasis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) nothing
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? no
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. D. Ball, M. D
Nov 25, 1930 (Address) Lexington, 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 Dover Mo
DATE OF BURIAL Nov 25 1930

20. UNDERTAKER Ernest Fegert
ADDRESS Lexington 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.