WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

37949

File No. 11091

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis Mo. (No. City Hospital #2 St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME LENA WHITEHEAD BOLTON

(a) Residence. No. 3215 PINE St., 21 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 49 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: COLORED

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: UNKNOWN.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): UNKNOWN

7. AGE: abt 49 YEARS; MONTHS —; DAYS —; 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): ST. LOUIS
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: UNKNOWN.

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

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): UNKNOWN.

14. INFORMANT: A. GERTRUDE CREATH
(Address): City Hospital #2

15. FILED NOV 24 1930, 19 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11-22-1930

17. I HEREBY CERTIFY, That I attended deceased from 11-11-1930, to 11-22-1930 that I last saw her alive on 11-22-1931, and that death occurred, on the date stated above, at 8:20 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CEREBRAL APOPLEXY

131

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY): Chr. MYOCARDITIS AND NEPHRITIS (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? UNKNOWN

DID AN OPERATION PRECEDE DEATH? NO. DATE OF —

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Clinical - Lab -

(Signed) Henry A. Hampton, M. D.

11-22-1930 (Address) City Hospital #2

*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: Washington Park Cem

DATE OF BURIAL: 11-24 1930

20. UNDERTAKER: R. S. Williams

ADDRESS: 3232 Pine