

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.

12823

## 1. PLACE OF DEATH

County Schuyler  
Township Prarie  
City Queencity Mo (No. ....)

Registration District No. 806Primary Registration District No. 4485

File No. ....

Registered No. ....

St. .... Ward)

2. FULL NAME Joseph H. 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 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 16th 1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
81 7 10

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Him self

9. BIRTHPLACE (CITY OR TOWN) Hancock Co., Ill., 2  
(STATE OR COUNTRY)

10. NAME OF FATHER George Bolten

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

12. MAIDEN NAME OF MOTHER Marry Cass

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

14. INFORMANT Mrs. Byran Slaughter  
(Address) Queencity Mo.

15. FILED 11/30/1931 J. Jones REGISTRAR

## 4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 26 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1931, to March 26, 1931, that I last saw him alive on March 25, 1931, and that death occurred, on the date stated above, at 3 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

anemia to Goldstein  
Leukemia to Pharmacia  
950  
565  
1558 (duration) 5 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY)

(duration) 1 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? yes DATE OF 10/5/12 year

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? L. Noe M. D.

(Signed) Queencity Mo.

, 19 (Address) Queencity 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 DATE OF BURIAL

Queencity Mar. 28 1931

20. UNDERTAKER ADDRESS

Wm M West Queencity  
Mo

APR 27 1932

1937  
1981  
~~1981~~