

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.

JUN 22 1933

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County DodgeTownship JacksonwoodCity Jacksonwood

(No. \_\_\_\_\_)

Registration District No. 238Primary Registration District No. 4143File No. 16123

Registered No. \_\_\_\_\_

St. \_\_\_\_\_

Ward \_\_\_\_\_

2. FULL NAME Danny Lee Bolin

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_

Ward \_\_\_\_\_

(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 male4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16 - 1933

7. AGE

YEARS \_\_\_\_\_

MONTHS \_\_\_\_\_

DAYS 1

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacksonwood Mo

FATHER

13. NAME Junior Bolin14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hiangua Mo

MOTHER

15. MAIDEN NAME Maxine Bolin16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Garden City Mo17. INFORMANT (ADDRESS) Junior Bolin18. BURIAL, CREMATION, OR REMOVAL removedPLACE Hiangua MoDATE May 18 - 3319. UNDERTAKER (ADDRESS) R. L. HamerschlagJacksonwood Mo20. FILED 5-191933Registrar. J. P. Whelan

## 2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 - 3322. I HEREBY CERTIFY, That I attended deceased from May 16 1933 to May 17 1933I last saw him alive on May 17 1933 Death is saidto have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

Acute dilatation of heart  
instrument delivery

Other contributory causes of importance \_\_\_\_\_

Date of onset \_\_\_\_\_

Name of operation \_\_\_\_\_

Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. P. Whelan(Address) Jacksonwood Mo

, M. D.

