

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

Do not use this space.  
**28137**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003** File No. **7230**  
City **St. Louis** (No. **Little Sisters of the Poor**, St. Ward)

**2. FULL NAME**

**Dora Bolton**  
(a) Residence. No. **2209** **Hubert** St., **20** 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 **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (use the word) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec 8, 1838**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
**94** **8** **18**

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

10. NAME OF FATHER **Peter Leonard**

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

12. MAIDEN NAME OF MOTHER **Mary Hanlon**

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

14. INFORMANT **Sister James**  
(Address) **2209 Hubert St**

15. **J. J. Brebeck**  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **August 21<sup>st</sup> 1938**

17. I HEREBY CERTIFY, That I attended deceased from **Aug 21**, 19**38**, to **Aug 21**, 19**38**, that I last saw **et.** alive on **Aug 20**, 19**38**, and that death occurred, on the date stated above, at **10 45 A.M.** m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**936 Chronic Myocarditis**  
**97** (duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) **Arteriosclerosis**  
(duration) ..... yrs. .... mos. .... ds.

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

DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Clinical Exam.**  
(Signed) **Anthony G. Prekaski** M. D.  
**Aug 21 1938** (Address) **1525 a Cass Ave**

\*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 **Catholic Cemetery** DATE OF BURIAL **Aug 23, 1938**

UNDERTAKER **J. J. Quinn** ADDRESS **1522 1/2 Cass Ave**

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.

SEP 26 1938

15  
15  
5

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900