

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.

OCT 20 1933

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

Do not use this space.

29008

1. PLACE OF DEATH

County Carter

Registration District No. 143

Township CARTER

Primary Registration District No. 5-205-

City

(No. _____)

St.

Ward

2. FULL NAME Millie Jane Bolen

(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

white

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

married

5A. IF MARRIED, WIDOWED, OR DIVORCED—

HUSBAND OF
(OR) WIFE OF

Wm. Bolen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

61

4

0

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.

Housewife

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

11. Total time (years) spent in this occupation

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

FATHER

13. NAME

James Randolph

14. BIRTHPLACE (CITY OR TOWN) Reynolds Co. Mo.
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

Rosetta Mead

16. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

17. INFORMANT S.H. Randolph
(ADDRESS) Van Buren, Mo.

18. BURIAL, CREMATION, OR REMOVAL

Oregon. Co.

PLACE Sept. 12, 1933 DATE

19. UNDERTAKER W.C. Croy
(ADDRESS) Van Buren, Mo.

20. FILED

9-12, 1933

J. H. Cotton

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Sept. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from

Apr 18, 1932 to Dec 24, 1932

I last saw her alive on Oct. 1st, 1932 Death is said

to have occurred on the date stated above, at 10 A.M.

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

Date of onset

Carcinoma of uterus

Other contributory causes of importance:

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 _____, 19____

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)

M. D.

(Address)

M. Cotton

Van Buren, Mo.

757 + 31