

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

Do not use this space.

34040

1. PLACE OF DEATH

86 County Pettis Registration District No. 668
4 Township Primary Registration District No. 3032
8 City Sedalia (No., St. Ward)

File No. 252
Registered No. 668

2. FULL NAME

Nannie Bolin
(a) Residence, No. Pilot Grove 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 F 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Bolin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 1883
7. AGE YEARS 50 MONTHS 5 DAYS 7 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) 12-12 11. Total time (years) spent in this occupation

MOTHER FATHER
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Mo
13. NAME Harrison Mills
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo
15. MAIDEN NAME Sarah A. Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Mo
17. INFORMANT Sabellia Ray (ADDRESS) Sedalia
18. BURIAL, CREMATION, OR REMOVAL PLACE Pilot Grove DATE Oct 18 1933
19. UNDERTAKER F. D. Ferguson (ADDRESS) Sedalia
20. FILED 10/17 1933 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-15-1933
22. I HEREBY CERTIFY, That I attended deceased from 10-10-1933, to 10-15-1933
I last saw her alive on 10-15-1933. Death is said to have occurred on the date stated above, at 10:30 m.
The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus
Other contributory causes of importance: Heart
Name of operation not any Date of
What test confirmed diagnosis? autopsy Was there an autopsy? no
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? no
If so, specify
(Signed) A. R. Maddox, M. D.
(Address) 116 1/2 W. Main

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.

NOV 10 1933

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