

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.

20961

1. PLACE OF DEATH

County Knox  
Township Myrtle  
City No.

Registration District No. 2144  
Primary Registration District No. 5603

File No. 7  
Registered No. 7  
St. Ward

2. FULL NAME

(a) Residence. No. Oliver Jackson Boltz 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)

Angie Boltz

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

April 17 - 1859

7. AGE

YEARS

MONTHS

DAYS

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

75

2

1.5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Farmer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Morgan Indiana

10. NAME OF FATHER

John Boltz

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

12. MAIDEN NAME OF MOTHER

Emily Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

14.

INFORMANT

(Address)

L. R. Northcott Boltz  
Knox City Mo.

15.

FILED

June 27, 1934

L. R. Northcott

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 28 1934

17.

I HEREBY CERTIFY, That I attended deceased from Dec 1933 to June 28, 1934, that I last saw him alive on June 28, 1934, and that death occurred, on the date stated above, at 5-30 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Hemorrhage of the Brain

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. R. Northcott, M. D.

June 29, 1934 (Address) Knox City 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

Knox City Cemetery

UNDERTAKER

A. J. Luger

DATE OF BURIAL

June 30 1934

ADDRESS

Knox City Mo

JUL 17 1934

