

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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.

DEC 13 1934

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

Do not use this space.

40767

1. PLACE OF DEATH

County Franklin

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis - 501 S. Kingshighway, St. Louis Childrens Hospital (Ward)

File No. 10708
Registered No. 10708

2. FULL NAME John Paul Bolin

(a) Residence, No. 1215 West Wood St. N.R. Ward. Decatur Ill.
(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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-13-27

7. AGE YEARS 7 MONTHS 4 DAYS 24 If LESS than 1 day,hrs. ormin.

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. Child
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) Springfield, Ill

13. NAME John Paul

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

15. MAIDEN NAME Mildred Hill

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

17. INFORMANT (ADDRESS) J. M. Bolin, 501 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Decatur Ill DATE Nov 19 1934

19. UNDERTAKER (ADDRESS) Sawyer & Koff, Decatur Ill

20. FILED 11-8-34 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-7-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-4-34, 19, to 11-7-34, 19.

I last saw him alive on 11-7-34, 19. Death is said to have occurred on the date stated above, at 2:28 p.m.

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

54 (d) Nonmalignant tumor of cerebellum

Other contributory causes of importance: 54 (d)

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) C. S. Drayer M. D.
(Address) 600 S. Kingshighway

2100
1