

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

Do not use this space.

14436

1. PLACE OF DEATH

County St. Louis

Registration District No. 791

Township St. Louis

Primary Registration District No. 1003

City St. Louis (No. Barnes Hosp)

File No. _____

Registered No. 3265

St. _____ Ward _____

2. FULL NAME James David Bolt

(a) Residence, No. _____ St. 712 Ward. Lima Del
(Usual place of abode)

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 <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14 - 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>75</u>	<u>7</u>	<u>23</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Retired</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Farmer</u>
	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) Bloomfield Del

13. NAME Jacob Bolt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisburg Penna

15. MAIDEN NAME Elizabeth McNett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

17. INFORMANT (ADDRESS) A. H. Schaefer Lima Del.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lima Del. DATE 4-9-35

19. UNDERTAKER (ADDRESS) Albert H. Hoopel Chgo

20. FILED APR 9 1935 J. J. Bredbeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-10, 1935, to 4-6, 1935

I last saw him alive on 4-6, 1935. Death is said to have occurred on the date stated above, at 12 Noon.

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

Carcinoma of Prostate Date of onset _____

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Other contributory causes of importance: Bronchopneumonia 4-3-35
Ulcer of Stomach

Name of operation Cancer Punch Operation Date of _____
What test confirmed diagnosis? Clinical 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?
If so, specify _____

(Signed) Robert S. Smith M. D.
(Address) Barnes Hospital

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.

