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.

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

FEB 17 1936

Do not use this space.

12

1. PLACE OF DEATH
County: Adair
Township:
City: Kirksville (No. , St. Ward)
Registration District No. 4
Primary Registration District No. 3001
File No.
Registered No. 9

2. FULL NAME: Mabel Clara Bolty
(a) Residence, No. St., Ward. Knox City, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 2 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: Willis Bolty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 10, 1893

7. AGE: YEARS 42 | MONTHS 5 | DAYS 21 | If LESS than 1 day, hrs. or min.

OCCUPATION
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.:
10. Date deceased last worked at this occupation (month and year): 1/10/36
11. Total time (years) spent in this occupation: 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

FATHER
13. NAME: John Bryson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Allie Merideth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Willis Bolty, Knox City, Mo.

18. BURIAL, CREMATION, OR ~~REMOVAL~~ PLACE: Knox City DATE: Jan. 11 1936

19. UNDERTAKER (ADDRESS): A. J. Seeger, Knox City, Mo.

20. FILED: Jan 11 1936 Spencer Freeman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1936, to Jan 11, 1936
I last saw her alive on Jan 11, 1936. Death is said to have occurred on the date stated above, at 2:40 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Second & third degree burns covering about 90% of the body surface - suffered in gasoline explosion while making fire in home.	1/10/36

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 1/10, 1936
Where did injury occur? Knox City, Knox Co. Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place: Burns occurred in home. House not destroyed
Manner of injury: Explosion of gasoline
Nature of injury: Second & third degree burns

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. J. Kimp, M. D.
(Address) Kirksville, Missouri