Vernon

FEB 20 1936

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

Do not use this space.

2183

1. PLACE OF DEATH
County Mississippi — Registration District No. 566 — File No.
Township Tywappity — Primary Registration District No. 3030 — Registered No. 15
City Charleston (No. , St. Ward)

2. FULL NAME Andy Bolton
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Don't know - transient
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Near 1882
7. AGE Near 53 YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portageville Mo

FATHER
13. NAME Don't know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER
15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Sarah Caldwell Charleston Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE Jan 30th 1936

19. UNDERTAKER (ADDRESS) Frank Lay Funeral Service Charleston Mo.

20. FILED 1-30- 1936 F S Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH 11:30 a.m.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29 1935

I HEREBY CERTIFY, That I attended deceased from Jan 27th, 1936, to Jan 29th, 1936
I last saw him alive on Jan 28, 1936 Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency — Date of onset

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Other contributory causes of importance: Chronic Nephritis

Name of operation — Date of
What test confirmed diagnosis? Clinical Symptoms 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? No
If so, specify
(Signed) Frank S Vernon, M. D.
(Address) Charleston Mo

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.