

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

Do not use this space.

9661-2

1. PLACE OF DEATH

County Barton Registration District No. 42
 Township Primary Registration District No. 5064
 City Mindenmines (No. St. Ward)

File No.
 Registered No. 5

2. FULL NAME James Franklin Bolton

(a) Residence, No. St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24 19 36

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gertrude M. Bolton

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 4:00 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18 1878

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 11 6

Cerebral Hemorrhage

Date of onset

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Farmer

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) 3-24-36 11. Total time (years) spent in this occupation 40

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy Illinois

13. NAME David Bolton

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME Margaret Morse

23. If death was due to external causes (violence), fill in also the following:

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

Accident, suicide, or homicide? Date of injury 19.....

17. INFORMANT Mrs. James F. Bolton (ADDRESS) Liberal, Mo. Rt #1

Where did injury occur? Minden Mines, Mo. (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE Rosebank Cemetery March 26, 1936

Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER C. F. Konantz (ADDRESS) Lamar, Mo.

Manner of injury

20. FILED 3/30 36 Herbert G. Gresh Registrar.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify C. F. Konantz Coroner M. D.

(Signed) C. F. Konantz M. D.

(Address) Lamar, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

