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.

JUN 22 1936

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

Do not use this space.

19277

1. PLACE OF DEATH

County Howell — Registration District No. 384 — File No.

Township ~~West Plains~~ — Primary Registration District No. 4227 — Registered No.

City [illegible] (No. , St. Ward)

2. FULL NAME Thos Clifford Bolerjackm

(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. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: me

4. COLOR OR RACE: wht

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Clara Bolerjack

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 2, 1878

7. AGE — YEARS: 58 — MONTHS: — DAYS: 29 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

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): Mtn. View, Missouri

FATHER

13. NAME: Thos. Bolerja ck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER

15. MAIDEN NAME: Unk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Cha uncey E. Bolerja ck, West Plains, Missouri

18. BURIAL, CREMATION, OR REMOVAL — PLACE: C enter Hill — DATE: 5-3, 1936

19. UNDERTAKER (ADDRESS): Robertson's Mortuary, West Plains, Missouri

20. FILED: May 3, 1936 Vida W Simons, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mayil 1st., 1936

22. I HEREBY CERTIFY, That I attended deceased from April 10th, 1936, to May 1st, 1936, 19

I last saw him alive on May 1st, 1936. Death is said to have occurred on the date stated above, at 8:00P m.

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

Myocarditis, with hypertrophy chronic.

Date of onset

Other contributory causes of importance:

Hepatitis, chron. with anasarca.

Name of operation: None — 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? No

If so, specify

(Signed) A. H. Thornberry Jr., M. D.

(Address) West Plains, Mo.