JUN 26 1936

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

Do not use this space.

24583

791

1. PLACE OF DEATH
County St Louis
Township MO.
City
Registration District No. 1003
Primary Registration District No.
(No. 1511-N. Pendleton St. Ward)
File No.
Registered No. 6203

2. FULL NAME William Bolden
(a) Residence, No. 1511-Pendleton St., 11 Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
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 Male
4. COLOR OR RACE Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Bolden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 7-1898

7. AGE YEARS 38 MONTHS 3 DAYS 6 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private
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) Glasgow MO.

FATHER
13. NAME Sanford Bolden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow MO.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mannie Hill 1511-N. Pendleton

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE 6-18 1936

19. UNDERTAKER (ADDRESS) Manuel Undt Co. 4059-Finney

20. FILED JUN 18 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-13, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1936 to June 13, 1936
I last saw him alive on June 13, 1936. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	June 7, 1936

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Other contributory causes of importance:
None known

Name of operation — Date of
What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) J W Gray, M. D.
(Address) 4336 Easton

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.