JAN 8 1937

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

Do not use this space.

43810

1. PLACE OF DEATH

County Buchanan, Registration District No. 85

Township Primary Registration District No. 1001

City St. Joseph, (No. 2521 South 15th. St. Ward)

File No.

Registered No. 1504

2. FULL NAME James Wesley Bolen,

(a) Residence, No. 2521 So. 15th. St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 27, 1936

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child.

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) Saint Joseph, Missouri,

FATHER

13. NAME Richard Henry Bolen,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri,

MOTHER

15. MAIDEN NAME Myrtle Marie Belton,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Helena, Missouri,

17. INFORMANT (ADDRESS) Richard Henry Bolen 2521 So. 15th. Street,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Mora Cem. DATE Dec. 9th. 1936

19. UNDERTAKER (ADDRESS) Heaton-Bergole & Bowman 319 So. 10th. Str. Funeral Home

20. FILED Dec 8 1936 H J Hatchett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7th, 1936

22. I HEREBY CERTIFY, That I ~~attended~~ VIEWED ~~deceased from~~ 12-8, 1936 to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Congenital Mal formation of Heart

Date of onset

Other contributory causes of importance: None

Name of operation ..... Date of .....

What test confirmed diagnosis? History 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) B. W. Tadlock Coroner, M. D.

(Address) St Joseph 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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