NOV 19 1937

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

Do not use this space.

38081

1. PLACE OF DEATH
County Lawrence — Registration District No. 475
Township Springriver — Primary Registration District No. 5639
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Emily Ellen Bolton

(a) Residence, No. ..... 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos., ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14, 1861

7. AGE: Years 76 | Months 9 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Indiana

FATHER
13. NAME Simon Buckhannan Armes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Edith Holdren
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Leslie Bolton
(ADDRESS) Monett, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Springriver Cemetery DATE Oct. 13, 1937

19. UNDERTAKER Wilks Undertaking Co.
(ADDRESS) Verona, Mo.

20. FILED 11/10 1937 A J Ruhig Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1937, to Oct 12, 1937
I last saw her alive on Oct 8, 1937. Death is said to have occurred on the date stated above, at 10:35 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senality	Nov
	Known

Other contributory causes of importance: 162

Name of operation ..... 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) J Mill Smith, M. D.
(Address) 121 W Pleasant Aurora Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Also, the name of the HOSPITAL should state