

DEC 16 1931

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

Do not use this space.

41115

## 1. PLACE OF DEATH

County DaviessRegistration District No. 251

Township

Primary Registration District No. 4151City Jameson

(No. ....)

St. ....

Ward)

2. FULL NAME James Thomas Bolar

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

## 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)  
Widowed21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 17 1937

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFSerelda F. Bolar

22. I HEREBY CERTIFY That I attended deceased from

Nov 10 1937, to Nov 20 1937I last saw him alive on Nov 16 1937 Death is saidto have occurred on the date stated above, at 6:15 PM

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

ParalysisCerebral Hemorrhage Nov 10

Date of onset

37

Other contributory causes of importance:

OCCUPATION

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

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Farm10. Date deceased last worked at this occupation (month and year) Oct. 193111. Total time (years) spent in this occupation Life

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

Unknown  
Kentucky

FATHER

13. NAME Bennett Bolar

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

Unknown  
Kentucky

MOTHER

15. MAIDEN NAME Unknown

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

Unknown  
Unknown

17. INFORMANT (ADDRESS)

Mrs. Nellie Bolar  
Jameson, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Coffey, Mo. DATE Nov. 19 1937

19. UNDERTAKER (ADDRESS)

Hope Furn. & Undt. Co.,  
Gallatin, Missouri

20. FILED

7161 19 37Wm. C. Johnson  
Registrar

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

If so, specify

(Signed) J. B. Johnson M. D.(Address) Jameson Mo

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

875

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH

41115-  
Do not use this space.

1. PLACE OF DEATH

(a) County Plaviers Registration District No. 251  
 (b) Township ..... Primary Registration District No. 4151 Registered No. ....  
 (c) City Jameson (d) Street No. .... St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Thomas Bolau

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
82 7 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED ..... 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 1937

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..... m.

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

Paralysis  
Cerebral Hemorrhage  
 Date of onset Nov 10 1937

Other contributory causes of importance:

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

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify.....

(Signed) J. B. Graham, M. D.

(Address) Jameson

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. Exact statement of OCCUPATION is very important.

