

SEP 16 1938

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

Do not use this space.

28167

1. PLACE OF DEATH

County Adair Registration District No. H
Township Benton Primary Registration District No. 3001
City Kirksville (No. 406 West Benton St. 2nd Ward)

2. FULL NAME

Robert W. Bolton
(a) Residence, No. 406 W. Benton St., 2 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-1865
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 8 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Mine
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) La Salle (STATE OR COUNTRY) Illinois

FATHER 13. NAME John Bolton
14. BIRTHPLACE (CITY OR TOWN) Lancashire (STATE OR COUNTRY) Preston England

MOTHER 15. MAIDEN NAME Betsy Mauser
16. BIRTHPLACE (CITY OR TOWN) Lancashire (STATE OR COUNTRY) Preston England

17. INFORMANT Harry Bolton (ADDRESS) 406 W. Benton Kirksville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE Sept. 1, 1938

19. UNDERTAKER Dee Riley Funeral Home (ADDRESS) Kirksville Mo

20. FILED Sept. 3, 1938 Spencer Freeman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-29-1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 28 1938 to Aug 29 1938
I last saw him alive on Aug 29 1938 Death is said to have occurred on the date stated above, at 1:45 pm
The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation
Immediate Death
Date of onset 12/1

Other contributory causes of importance:
Arterio Sclerosis & Chronic Parenchymatous Nephritis
Dropsy

Name of operation physical exam Date of
What test confirmed diagnosis? 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) Roy M. Wolf M. D.
(Address) Kirksville 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.

WHILE PRINTING WITH OUPDING INK—THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 10-38-62

Date Filed 9-14-38