

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

42215
Do not use this space.

1. PLACE OF DEATH
 (a) County Barry Registration District No. 29
 (b) Township First Creek Primary Registration District No. 5038 Registered No. 1
 (c) City _____ (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 L.35 Iona Faye Bolton
 (a) Residence, No. Cassville, Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 5, 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. _____

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) Cassville, Mo.

FATHER 13. NAME Stephens Douglas Bolton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christiana Co., Mo.

MOTHER 15. MAIDEN NAME Myrtle Irene Robinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Kansas

17. INFORMANT (ADDRESS) Mr. & Mrs. S. H. Bolton, Cassville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bolton 7 am DATE 12/5/38

19. FUNERAL DIRECTOR (ADDRESS) Chas. C. Cornell, Ben Gordon, Cassville, Mo.

20. FILED 1-10 1939 Geo. W. W. _____ Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5, 1938

22. I HEREBY CERTIFY That I attended deceased from at birth & death 1938
 I last saw him alive on Dec. 5, 1938 Death is said to have occurred on the date stated above, at 12:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Premature Infant (5 months) 154
 Other contributory causes of importance: Polyhydramnios 11/4/38

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 _____, 1938
 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) E. E. McDaniel, M.D.
30 (Address) Cassville, Mo.

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

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)