REC'D APR 19 1939

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

Do not use this space.

File No. 11579

Registered No. 15

1. PLACE OF DEATH

County: Miller 2

Township: Glaize 1

City: Brumley (No. ..... St. ..... Ward)

Registration District No. 565

Primary Registration District No. 5761a

2. FULL NAME: 432 Marguerette A. Bolt

(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: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, ~~WIDOWED, OR~~ DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 25 1855

7. AGE: Years 83 | Months Only | Days ~~4 hr~~ | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Tenn

FATHER

13. NAME: David Evans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

MOTHER

15. MAIDEN NAME: Mary Ann Calvin

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

17. INFORMANT (ADDRESS): Melvin M. Bolt

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bolt Cemetery DATE: Mar 3 1939

19. UNDERTAKER (ADDRESS): Fischer Mellinger Co Vienna Mo

20. FILED: 3/7 1939 C R Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 1 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1 1938 to March 1 1939

I last saw her alive on Feb. 15 1939. 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:

	Date of onset
Toxemia from gangrene of the foot (rt foot)	Nov. 1938
AZC	
Other contributory causes of importance:	
Arteio-sclerosis	1934
Chronic Myocarditis	1936

Name of operation: None 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) Myron D. Jones M.D.

499 (Address) Brumley, 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.

RECEIVED
Miller County Health Dep't.
County File Number 39-52
Date Filed 4-12-39