JUL 10 1939

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

21357
Do not use this space.

1. PLACE OF DEATH
(a) County JACKSON
(b) Township KAW
(c) or City KANSAS CITY
Registration District No. 399
Primary Registration District No. 1002
Registered No. 2625
(d) Street No. ST. JOSEPH'S HOSPITAL 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 36 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 4:30 MR LEO BOLT
(a) Residence, No. 7646 WALNUT St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH-2-1903
7. AGE: YEARS 36 MONTHS 3 DAYS 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. SALESMAN
9. Industry or business in which work was done, as saw mill, bank, etc. HARZFELD'S SHOE DEPT
10. Date deceased last worked at this occupation (month and year) JUNE-1939
11. Total time (years) spent in this occupation 12

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

FATHER
13. NAME O. BEN BOLT
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ELMWOOD ILLINOIS

MOTHER
15. MAIDEN NAME ANNA REARDON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS CITY MISSOURI

17. INFORMANT (ADDRESS) MR O. BEN BOLT 7646 WALNUT STREET
18. BURIAL, CREMATION, OR REMOVAL PLACE MT ST MARY'S DATE JULY-1 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) D.W. NEWCOMER'S SONS 1401 BRUSH CREEK BLVD.
20. FILED 6/30 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-29, 1939
22. I HEREBY CERTIFY, That I attended deceased from 6/23, 1939, to 6/28, 1939
I last saw him alive on 6/28, 1939. Death is said to have occurred on the date stated above, at 6:45A.m.
The principal cause of death and related causes of importance were as follows:

staphylococcus septicemia — Date of onset 6/23 39

151 b

Other contributory causes of importance: furuncle rt lower Eyelid

Name of operation ..... Date of .....
What test confirmed diagnosis? blood cultures Were an autopsy? yes

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) T. B. Blakesley, M. D.
(Address) 1612 Prof. Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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.

I X16605

1612 Professional Bldg
12-1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed E. M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. Mo.

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

If this body is not embalmed, above space should be left blank.