

REC'D JUL 14 1939

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

22501  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Lafayette, Mo. ? Registration District No. 461  
 (b) Township Lafayette, Mo. Primary Registration District No. 3024  
 (c) City Lafayette, Mo. (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 2 yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 4 3 5  
 2. PRINT FULL NAME Ether Bolton  
 (a) Residence, No. North 24th Street 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 colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
 (write the word)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF William Bolton  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-28-1900  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
38 7 20  
 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. Housewife  
 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) Hodge, Mo.  
 FATHER 13. NAME Solomon Turner  
 14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Hodge, Mo.  
 MOTHER 15. MAIDEN NAME Fannie Taylor  
 16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Hodge, Mo.  
 17. INFORMANT William Bolton (husband)  
 (ADDRESS) North 24th St. Lafayette Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Dover, Mo. DATE 6-20-1939  
 19. FUNERAL DIRECTOR (NAME) Harry B. Green  
 (ADDRESS) 204 S. 24th Street  
 20. FILED July 7, 1939 Delia Pales  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1939  
 22. I HEREBY CERTIFY That I attended deceased from Aug. 15, 1938, to June 19, 1939  
 I last saw her alive on June 12, 1939. Death is said to have occurred on the day stated above, at 7:00 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Uterus (Epithelial cell)  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: metastasis to viscera (liver)  
operation hysterectomy Date 1/6/38  
 What test conducted with test Was there an autopsy? no  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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) J. S. Ives, M. D.  
 890 (Address) Lafayette, Mo.

MARGIN RESERVED FOR BINDING

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.

X16603

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RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 6/3/39

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 *William Hurley*  
Licensed Embalmer No. *31057*  
P. O. Address.....

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.)

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