

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

39304

Do not use this space.

1. PLACE OF DEATH

(a) County Morgan Registration District No. 598
 (b) Township Morgan Primary Registration District No. 9355 Registered No. 26
 (c) City Versailles 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. John M. Bolton
Versailles 01 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosalie Padgett
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 1866
 7. AGE YEARS 74 MONTHS 11 DAYS 30 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Electrician
 9. Industry or business in which work was done, as saw mill, bank, etc. Missouri Utilities
 10. Date deceased last worked at this occupation (month and year) Apr 22 1940 11. Total time (years) spent in this occupation 28 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole to Mo

FATHER 13. NAME Chas D. Bolton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

MOTHER 15. MAIDEN NAME Elyza Gray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Ray E. Bolton

18. BURIAL, CREMATION, OR REMOVAL PLACE Versailles Cem DATE May 5th 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. F. KIDWELL
Versailles Mo

20. FILED 5/15 1940 Will F. Benz
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1940

22. I HEREBY CERTIFY, That I attended deceased from Apr 23 1940 to May 2 1940
 I last saw him alive on May 2 1940 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

acute lobar pneumonia Date of onset Apr 22-40

Other contributory causes of importance: 108

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 _____, 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) A. J. Gunn M. D.
 (Address) Versailles 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.

FILED DEC 11 1940

RECEIVED

District Health Officer No. 7,

District File Number 12-40-1074

Date filed 12-30-40

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, May 2nd 19

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

J. F. Kimmel

Licensed Embalmer No. 1596

P. O. Address Versailles Mo

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.