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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3827**

FILED FEB 11 1942

Registration District No. **825**

Primary Registration District No. **6085**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Shannon Co.**
(b) City or town **Shannon**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1 + Memorial**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2** (Specify whether years, months or days)
In this community **Harold** years, months or days

3. (a) PRINT FULL NAME

(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married **Married**
(b) Name of husband or wife **Eden L. Bolton** 6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **July 20 1880**
(Month) (Day) (Year)

8. AGE: Years **71** Months **4** Days **22** If less than one day hr. _____ min. _____

9. Birthplace **Liverpool England**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Francis Lee Bolton**
13. Birthplace **England**
(City, town, or county) (State or foreign country)
14. Maiden name **Don't know**
15. Birthplace **"**
(City, town, or county) (State or foreign country)

16. (a) Informant **Arthur W. Bolton**
(b) Address **Shannon Mo.**

17. (a) **Burial** (b) Date thereof **Dec 13 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mary's**

18. (a) Signature of funeral director **John F. Amear**
(b) Address **Shannon Mo.**

19. (a) **12-15-41** (b) **Frank Wade Mo**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Shannon**
(c) City or town **Shannon**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **12** year **1941** hour **2 p.m.** minute **12** P.M.

21. I hereby certify that I attended the deceased from **Dec 13, 1941** to **Dec 13, 1941**
that I last saw him alive on **Dec 12, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cerebral Hemorrhage
Due to **a fall from a wagon with a run away team**
Due to **Fall from wagon 2 days**
struck his head on a rock

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following: ☒

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence **10/1**
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ☒

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. M. Reed** (M. D. or other) **B**
Address **Summersville** Date signed **12-13-41**

(Licensed Embalmer's Statement on Reverse Side)

744

RECEIVED

District Health Officer No. 5,

District File Number. 14222

Date Filed _____

FFR 19 1942

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. 301

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2516

P. O. Address Mt. View Gr

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **3827**
 Registrar's No.

Registration District No. **825**

Primary Registration District No. **6085**

1. PLACE OF DEATH:

(a) County **Shannon**
 (b) City or town **Mc View**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ years, months or days)

3. (a) PRINT FULL NAME

Harold Bolton

3. (b) If veteran,
 name war _____

3. (c) Social Security
 No. _____

4. Sex **M**

5. Color or **W**
 race

6. (a) Single, widowed, married,
 divorced **M**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
 alive _____ years

7. Birth date of deceased

July
 (Month)

26
 (Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

min.

71

4

12

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____

(b) Date thereof

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____

(b) _____

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
 year **1941** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
 that I first saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____ Duration _____

Struck his head on a rock
Due to accident in lot at home
hauling wood. Legum started &
Due to this he fell out of wagon, head
struck a rock. 6 in cut on R side
head. he never regained
consciousness. & died

Other conditions (include pregnancy within 3 months of death)
consciousness. & died
Major findings Dec. 13 - 41. From
Cerebral hemorrhage
Of autopsy Accident occurred 4-12-41

Underline the cause to which death may be charged statistically.
PHYSICAL

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
 Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

