

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

7386
 Do not use this space.

FILED MAR 6 1943

1. PLACE OF DEATH *Ray*
 (a) County *Ray* Registration District No. *298*
 (b) Township *Path* Primary Registration District No. *4448*
 (c) City *Lawson Mo.* (d) Street No. *87* Registered No. *2*
 (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 *Martha Matilda Bolton*
 (a) Residence, No. *LAWSON MO.* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF *was W. Bolton*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 2, 1870*
 7. AGE YEARS *72* MONTHS *6* DAYS *29* If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housewife*
 9. Industry or business in which work was done, as 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) *Mayfield Mo.*
 FATHER 13. NAME *James Fisher*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*
 MOTHER 15. MAIDEN NAME *Virginia Salem*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*
 17. INFORMANT (ADDRESS) *Grover Bolton Lawson Mo.*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Lawson Mo.* DATE *Feb 2 1943*
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Jermanow Lawson Mo.*
 20. FILED *72* 19*43* *W. K. Seal*
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 31 1943*
 22. I HEREBY CERTIFY, That I attended deceased from *Jan 28 1943* to *Jan 31 1943*
 I last saw her alive on *Jan 31 1943*. Death is said to have occurred on the date stated above, at *1:50 P.M.*
 The principal cause of death and related causes of importance were as follows:
Regenral hemorrhage with Right hemiplegia Cerebular infarction Chronic Myocarditis
 Date of onset *Jan 28, 1943*
 Other contributory causes of importance: *930*
 Name of operation *Chloral* Date of *No.*
 What test confirmed diagnosis *Chloral* 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) *Olaf E. Buchner*, M. D.
 (Address) *Lawson Mo.*

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.

HEALTH OFFICER No. 8,

District File Number.....

Date Filed 3-4-43

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 James A. Moles

Licensed Embalmer No. 3296

P. O. Address Ex Springs 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.