

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **5806** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-So Fork Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-So. Fork Twp.</b>	
c. LENGTH OF STAY (in this place) <b>83 YRS.</b>		d. STREET ADDRESS (If rural, give location) <b>STAR RT. = PARIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>STAR RT. = PARIS</b>		d. STREET ADDRESS (If rural, give location) <b>STAR RT. = PARIS</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>MARY</b>	b. (Middle) <b>ELIZABETH</b>	c. (Last) <b>BOLDEN</b>	<b>JUNE 29, 1951</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>OCT. 25, 1867</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>	
12a. FATHER'S NAME <b>BUFORD DAVIS</b>			13b. MOTHER'S MAIDEN NAME <b>NOT KNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>Wm. M. Bolden</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>G. ALVA BOLDEN, PARIS, MO.</b>	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Chronic Myocarditis</b>		ANTECEDENT CAUSES			<b>N.K.</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4222</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <b>July 1942</b> , to <b>June 29, 1951</b> , that I last saw the deceased alive on <b>June 29, 1951</b> , and that death occurred at <b>2:50 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>J.A. Barnett, M.D.</b>			23b. ADDRESS <b>Paris, Mo.</b>		23c. DATE SIGNED <b>6-30-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL (1)</b>		24b. DATE <b>JULY 1, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill Cem</b>		24d. LOCATION (City, town, or county) (State) <b>NEAR PARIS, MO</b>
DATE REC'D BY LOCAL REG. <b>6-30-51</b>		REGISTRAR'S SIGNATURE <b>J.A. Barnett, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Speed &amp; Blakey</b> ADDRESS <b>PARIS, MO.</b>	

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

690  
1

Date Received: JUL 2 1951

DISTRICT HEALTH OFFICE #2

District File Number 7-57-1202

Date Filed: JUL 3 1951

---

---

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed..... *E. H. Agnew*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri

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.