

WRITE FULLY, 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.

APR 26 1932

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

Do not use this space.

12345

1. PLACE OF DEATH
42 County Henry Registration District No. 347
4 Township Clinton Primary Registration District No. 3018
7 City Clinton (No. St. Ward)

2. FULL NAME Ida Garth Bolton
(a) Residence, No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Caucasian
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theodore Bolton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-21-1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
73 11 15

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dependent
9. Industry or business in which work was done, as silk mill, 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) Clinton Missouri

FATHER
13. NAME Samuel D Garth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calhoun Missouri

MOTHER
15. MAIDEN NAME Ermine Sweeney

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

17. INFORMANT Julia Bolton (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 4-8-1932

19. UNDERTAKER Sims Funeral Home (ADDRESS)

20. FILED 4/8 1932 Ed C. Peeler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 8 1932, to April 6 1932
I last saw her alive on April 6 1932 Death is said to have occurred on the date stated above, at 3:15 P. M.

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

Uterine Carcinoma Date of onset
48 48
Other contributory causes of importance:
①

Name of operation Date of
What test confirmed diagnosis? chlamy 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?
If so, specify
(Signed) W. J. Insley, M. D.
(Address) Clinton

