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DEC 14 1940
Registration District No. **347**

Primary Registration District No. **3018**

Registrar's No. **49**

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 408 E Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 00 (Specify whether years, months or days) 2

3. (a) PRINT FULL NAME Julia Garth Bolton

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Dec 29 1876
(Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days 21 If less than one day hr. _____ min. _____

9. Birthplace Clinton Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Librarian

11. Industry or business Trade

12. Name Thomas J Bolton

13. Birthplace Jefferson Mo
(City, town, or county) (State or foreign country)

14. Maiden name Zeda Garth

15. Birthplace Clinton Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah Bolton

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 11 22 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Fred E Wilkinson

(b) Address Clinton Mo

19. (a) Dec 30 1940 (b) Dr J R Houghton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 408 E Jefferson
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20
year 1940 hour 9 minute 40 P M.

21. I hereby certify that I attended the deceased from Sept 25, 1940, to Nov 20, 1940
that I last saw her alive on Nov 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration 1 day

Due to _____
Due to _____

Other conditions Bulbar Paralysis
(Include pregnancy within 3 months of death) 6 mo

Major findings: Of operations none Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) u
(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? u
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J R Houghton (M. D. or other) MD
Address Clinton Mo Date signed Nov 22 40

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

MOTHER FATHER

FEB 24 1942

MAR 18 1942

JUN 15 1950

RECEIVED

District Health Officer No. 7,

District File Number 12-40-1777

Date Filed 12-12-40

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, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Kenneth Jackson

Licensed Embalmer No. 3954

P. O. Address Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of MO
County of Henry } ss.

State File No. _____
Local Registrar's No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 14th day of Mar, 1942, before me appears Sara Carmine Bolton, who, upon her oath, states that the original record of ~~birth~~ death for Julia Bolton, died Nov born _____, 1940 in the State of Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

- Item No. 12 should read Theodore J. Bolton
Instead of Thomas J. Bolton
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Sara Carmine Bolton Relationship: Sister
408 E. Jefferson St. Clinton Mo. Present Address

Subscribed and sworn to before me this 14 day of Mar, 1942

My Commission expires 10-24-1944 John F. Sickman Notary Public.

Affidavits containing crasures will not be accepted; draw one line through error and write above it.

S-38803 1940