

REC'D MAR 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County Pemiscot
Township Concord
City (No.) St. Ward

Registration District No. 653
Primary Registration District No. 5865

File No. 7703
Registered No. 13

2. FULL NAME Steve Sullivan Bolin

(a) Residence, No. St. Ward.

(Usual place of abode)
Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Don; t know</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>dont know</u>		
7. AGE YEARS <u>about 54</u>	MONTHS	DAYS
If LESS than 1 day, hrs. or min.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from, 19...., to, 19....

I last saw h..... alive on, 19.... Death is said to have occurred on the date stated above, at 4:5a m.

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. steam fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. derrick boat

10. Date deceased last worked at this occupation (month and year) Feb. 3

11. Total time (years) spent in this occupation life

I dont know

possibly heart trouble
this man died suddenly

Date of onset

Other contributory causes of importance:

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dont know

13. NAME dont know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) d.k.

15. MAIDEN NAME dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) d.k.

Name of operation Date of

What test confirmed diagnosis? 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.

17. INFORMANT Fred Q. Short
(ADDRESS) Patton Tulley Co. Memphis Tenn

18. BURIAL, CREMATION, OR REMOVAL PLACE Hayti Mo. DATE Feb. 5, 1938

Number of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

19. UNDERTAKER Ray Und. Co.
(ADDRESS) Hayti Mo.

20. FILED 2-5 1938 J.W. Hodges Registrar.

(Signed) Jack Kelley Coroner, Mo.
(Address) Hayti Mo.

Every item of information should be carefully classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

