

APR 17 1939

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

9391  
Do not use this space.

1. PLACE OF DEATH  
(a) County Jackson Registration District No. 395  
(b) Township Law Primary Registration District No. 1002  
(c) City McMinn (d) Street No. H E Sen Knecht Registered No. 997  
(e) Length of residence in city or town where death occurred 435 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
2. PRINT FULL NAME William Bolton  
(a) Residence, No. 3765 Michigan St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unregon  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1873  
7. AGE YEARS 65 MONTHS 8 DAYS 18 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular work done, as sawyer, bookkeeper, etc. Watchman  
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) Missouri

FATHER 13. NAME R. Bolton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) M. C.

MOTHER 15. MAIDEN NAME Asia Bradley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ma.

17. INFORMANT (ADDRESS) Records Clerk H. E. Sen Knecht

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Mar. 7 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) DW. NEW COMER'S SONS 1401 BUSH CREEK BLVD.

20. FILED Mar 3 1939 M. M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4-39  
22. I HEREBY CERTIFY, That I attended deceased from 3-3-39, 1939, to 3-4-39, 1939.  
I last saw him alive on 3-4-39, 1939. Death is said to have occurred on the date stated above, 3-3-39.

The principal cause of death and related causes of importance were as follows:  
Coronary Sclerosis  
Chronic Myocarditis  
Pulmonary edema  
93c

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? Yes

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) Dr. De Manna, M. D.  
(Address) Superior Gen Hospital

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.

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**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.....

Licensed Embalmer No. *3976*

P. O. Address *Ke 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.**