

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Jessie
Vol. 2nd page 1008
Reg. Dist. No. 626
City (No. St. Ward) Ward
File No. 31350
Registered No. 74
If death occurred in a hospital or institution, give the NAME and NO. of street and number.

FULL NAME Alexander G. Bolton
Primary Registration Dist. No. 626

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White BIRTH, MARRIAGE, WIDOWED, OR DIVORCED (Give date) Married

DATE OF BIRTH May 27 1886
(Month) (Day) (Year)

AGE 76 yrs. 10 mos. 17 ds. If LESS than 1 day... hrs. or... min.

OCCUPATION (a) Trade, profession, or particular kind of work Teacher
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) Texas

10 NAME OF FATHER Thomas Bolton

11 BIRTHPLACE OF FATHER (State or country) Ohio

12 MAIDEN NAME OF MOTHER Elizabeth Green

13 BIRTHPLACE OF MOTHER (State or country) North Carolina

IF THIS ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Signature) Miss Green
(Address) Waring

14 FILED Dec 17 1912 G. J. Warr
Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Dec 16 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 10 1912 to Dec 10 1912
that I first saw him live on Dec 10 1912
and that death occurred, on the date stated above, at his

The CAUSE OF DEATH* was as follows:
Paralysis of
trapez of the heart
6 (Duration) yrs. mos. ds.

Contributory (Cause) 6 (Duration) yrs. mos. ds.

(Signed) W. D. Bush M. D.
Dec 14 1912 (Address) Bush

*As to the immediate cause of death, in death from Toxicity, Cancer, or other disease, specify the nature of the disease.

16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Public Places) At place of death... yrs... mos... ds. State... yrs... mos... ds.

Where was disease contracted, if not at place of death
Former or usual residence

17 PLACE OF BURIAL OR REMOVAL Bolton Cemetery DATE OF BURIAL Dec 17 1912

18 INCERTAIN (Signature) W. D. Bush ADDRESS W. D. Bush

MAKING RESERVATION FOR BINDING
WRITE PLAINLY, WITH IMPROVED INK—THIS IS A PERMANENT RECORD

M. D.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should also state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.