

FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY  
Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Date of Birth No. \_\_\_\_\_  
Registrar's No. 45

Registration District No. 1205 Primary Registration District No. 2490

|  |                              |   |   |
|--|------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY<br><u>Pulaski</u>   |                              | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE<br><u>Ky</u><br>b. COUNTY<br><u>Pulaski</u> |   |
| b. CITY (If outside corporate limits, write DOWNS and give township)<br><u>Somerset</u>  |                              | c. CITY (If outside corporate limits, write DOWNS and give township)<br><u>Somerset</u>   |   |
| d. FULL NAME OF (If not in hospital or institution, give street address of)<br>HOSPITAL OR INSTITUTION   |                              | d. STREET ADDRESS (If rural, give location)<br><u>152 Cotter Ave</u>  |   |
| 3. NAME OF DECEASED<br>a. (First)<br><u>James</u><br>b. (Middle)<br><u>M</u><br>c. (Last)<br><u>Bolton</u>   |                              | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Feb 6 49</u>   |   |
| 5. SEX<br><u>M</u>   | 6. COLOR OR RACE<br><u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u>  | 8. DATE OF BIRTH<br><u>March, 6, 1865</u>                         |
| 9. AGR (In years last birthday)<br><u>83</u>   |                              | 10. Under 12<br><u>11</u>   | 11. Under 18<br><u>11</u>   |
| 13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |                              | 13b. KIND OF BUSINESS OR INDUSTRY<br><u>Farmer</u>  | 11. BIRTHPLACE (State or foreign country)<br><u>Pulaski Co Ky</u> |
| 12. FATHER'S NAME<br><u>Neal Bolton</u>  |                              | 14. MOTHER'S MAIDEN NAME<br><u>Tilda Steel</u>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  |                              | 16. SOCIAL SECURITY NO.<br><u>Lee Bolton</u>  | 17. INFORMANT<br><u>Lee Bolton</u>                                |
| 18. CAUSE OF DEATH (Give only one cause per line for (a), (b), and (c))  |                              | MEDICAL CERTIFICATION   |   |
| 19a. DATE OF OPERATION   |                              | 19b. MAJOR FINDINGS OF OPERATION<br><u>7824-200A</u>  |   |
| 19c. ACCIDENT SUICIDE HOMICIDE (Specify)   |                              | 19d. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |   |
| 19e. TIME OF INJURY (Month) (Day) (Year) (Hour)  |                              | 19f. HOW DID INJURY OCCUR?  |   |
| 19g. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                              | 19h. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>  |   |
| 20. I hereby certify that I attended the deceased from <u>No Medical Treatment</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>_____</u> , from the causes and on the date stated above. |                              |   |   |
| 21a. DATE SIGNED   |                              | 21b. ADDRESS  |   |
| 21c. SIGNATURE<br><u>J. W. Keller</u>  |                              | (Degree or title)<br><u>Coroner</u>   |   |
| 22. DATE BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |                              | 22. DATE<br><u>Feb. 7, 1949</u>   |   |
| 23. NAME OF CEMETERY OR CREMATORY<br><u>Providence Cem.</u>  |                              | 24. LOCATION (City, town, or county) (State)<br><u>Dykes Pulaski Ky</u>   |   |
| 25. DATE REC'D BY LOCAL REG.<br><u>2-11-49</u>   |                              | 26. REGISTRAR'S SIGNATURE<br><u>Willie D. Johnson</u>   |   |
| 27. FUNERAL DIRECTOR'S ADDRESS<br><u>W. C. Johnson Somerset Ky</u>   |                              | 28. FUNERAL DIRECTOR'S SIGNATURE<br><u>W. C. Johnson</u>  |   |