

DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Registration District No. 1205 Precinct Registration District No. 8001

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived, if different from above before death) a. STATE <u>Kentucky</u> b. COUNTY <u>Mitchell</u>	
c. CITY OR TOWN <u>North Field</u> d. LENGTH OF STAY <u>2 yrs</u>		e. CITY OR TOWN <u>North Field</u>	
3. NAME OF DECEASED a. (First) <u>Joseph</u> b. (Middle) <u>W</u> c. (Last) <u>Bolton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 14 50</u>	
5. SEX <u>M</u>	6. COLOR OF RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>married</u>	8. DATE OF BIRTH <u>Dec 21, 1869</u>
9. AGE (In years if under 100; in months and days if 100 or over) <u>80 10</u>		10. BIRTHPLACE (State or foreign country) <u>Lovell County, KY</u>	
11. USUAL OCCUPATION OR BUSINESS OR KIND OF BUSINESS OR INDUSTRY <u>Farm (Ret) Farming</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>Alex Bolton</u>		14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Ben Bolton</u>		18. MEDICAL CERTIFICATION	
19. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Hepatitis</u> II. ANTECEDENT CAUSES A. <u>None</u> B. OTHER SIGNIFICANT CONDITIONS <u>Senility</u>		19. MEDICAL CERTIFICATION (Continued) III. OTHER SIGNIFICANT CONDITIONS <u>Senility</u>	
20. DATE OF OPERATION		21. MAJOR FINDINGS OF OPERATION	
22. ACCIDENT SUICIDE HOMICIDE		23. PLACE OF INJURY (City, town, or township) (County) (State)	
24. TIME OF INJURY		25. HOW DID INJURY OCCUR?	
26. I hereby certify that I attended the deceased from <u>Aug 29 1950</u> to <u>Sept 14 1950</u> that I last saw the deceased on <u>Sept 14 1950</u> and that death occurred at <u>6:45 P.M.</u> from the causes and on the date stated above.			
27. DATE SIGNED <u>14 Sept 50</u> ADDRESS <u>Lawrence T. ...</u>		28. SIGNATURE <u>Lawrence T. ...</u> (Degree or title) <u>M.D.</u>	
29. SERIAL, CREMATION, REMOVAL (month)		30. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>	
31. DATE REC'D BY <u>9-28-50</u> LOCAL REG.		32. REGISTER'S SIGNATURE <u>William D. Johnson</u>	
33. DATE REC'D BY <u>9-28-50</u> LOCAL REG.		34. FUNERAL DIRECTOR ADDRESS <u>Kenneth ...</u>	

INTERVAL BETWEEN ONSET AND DEATH 1. mo

20. AUTOPSY? YES  NO