

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully specified. 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.

Registration District No. 811 Primary Registration District No. 6351

1. PLACE OF DEATH  
(a) County Knox  
(b) City or town Rural  
(c) Name of Hospital or Institution  (If outside city or town limits, write RURAL)  
(d) Name of Hospital or Institution

2. USUAL RESIDENCE OF DECEASED:  
(a) State Ky (b) County Knox  
(c) City or town Rural (If outside city or town limits, write RURAL)  
(d) Street No. Rosalomb (If rural give nearest)  
(e) If foreign born, how long in U. S. & T. \_\_\_\_\_

(f) Was in hospital or institution with street number or location  
(g) Name of street, in hospital or institution (specify room or ward)

3(a) FULL NAME Mary Jane Bolton

3(b) If maiden, (c) Social Security Number Kn

4. Spouse Color of hair W (a) Single, (b) Widowed, (c) Married, (d) Divorced Widowed

5(a) Name of husband or wife \_\_\_\_\_

5(b) Age of husband or wife if alive \_\_\_\_\_ Years

6. When date of decease (Month) March (Day) 14 (Year) 1948

7. AGE: Years 75 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_

8. Birthplace Land Co. Ky

9. Usual occupation \_\_\_\_\_

10. Industry or business \_\_\_\_\_

FATHER 11. Name John Thompson

12. Birthplace Ky

MOTHER 13. Maiden name Anna Chance

14. Birthplace Ky

15. Spouse's own signature Tom Bolton

16. Address Mary Kentucky

17. BURIAL, CREMATION, OR REMOVAL  
Place Days Ky Date 3-18-48

18(a) Signature of funeral director W. H. Jones

(b) Address Carter Ky

19(a) 3-27-48 (Date received by local registrar)

(b) Beason McDonald (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1948  
21. I hereby certify that I attended the deceased from March 14 1948 to March 15 1948 that I last saw him alive on March 14 1948 and that death occurred on the date stated above at 5 P. M.

Immediate cause of death Angina pectoralis  
Heart

CURATION

Other conditions (Include pregnancy within 3 months of death)

Major findings: 727

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If there was any toxic material, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of pistol)

23. Signature W. H. Jones M.D. (M. D. or other)  
Address Ky Date signed March 17/48

3-19-48. Marion Thompson  
dep