

THIS PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—Every item of information should be carefully supplied. AGE stated in plain terms, so that it may be properly certified. Exact statement of OCCUPATION is very important. Instructions on back of certificate.

FORM 1-2 1900 2-12-12

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

11969  
 10950

PLACE OF DEATH  
 County Laurel  
 Vol. Pct. Independence  
 Inc. Town Bald Rock  
 City Bald Rock

Registrar's Office No. 6527  
 Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 22  
(If death occurred in a hospital or institution, give the name, location of street and number.)

FULL NAME Rosevelt Bolton

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OF HAIR White MARRIAGE Single  
 PLACE OF BIRTH \_\_\_\_\_

DATE OF BIRTH June 12, 1900  
 AGE 14 yrs. 10 mos. 8 ds.

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

BIRTHPLACE (State or country) Laurel Co Ky

NAME OF FATHER Alvt Bolton

BIRTHPLACE OF FATHER (State or country) Laurel Co Ky

MAIDEN NAME OF MOTHER Mary Tompkins

BIRTHPLACE OF MOTHER (State or country) Warrick Co Ky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Signature) R. Robert L. Sears  
 (Address) Bald Rock

Filed Apr 22 1920 Mrs. G. G. Wade  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 20, 1920  
 I HEREBY CERTIFY, That I attended deceased from Had no medical attention

that he or she was born \_\_\_\_\_ day \_\_\_\_\_ mo. \_\_\_\_\_ yr. 19\_\_\_\_  
 and that death occurred on the date stated above at 6 P.M. The CAUSE OF DEATH was as follows:

Not known  
Was only sick about 3 or 4 months  
was not able to get any Physician

(Duration) \_\_\_\_\_ yr. \_\_\_\_\_ mo. \_\_\_\_\_ ds.  
 Contributory (Secondary) \_\_\_\_\_  
 (Duration) \_\_\_\_\_ yr. \_\_\_\_\_ mo. \_\_\_\_\_ ds.

(Signed) R. L. Sears, M.D. Physician (S. D.)  
 (Address) Bald Rock

(Address) Bald Rock  
 (Address) \_\_\_\_\_

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAINING OR REGENT RESIDENCY)  
 At place of death \_\_\_\_\_ yr. \_\_\_\_\_ mo. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yr. \_\_\_\_\_ mo. \_\_\_\_\_ ds.

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

PLACE OF BURIAL OR REMOVAL Royal Oak Chapel DATE OF BURIAL Apr 22, 1920  
 (Signature) James Bolton ADDRESS Bald Rock