

MARGIN RESERVED FOR BIRING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. 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. See instructions on back of certificate.

MADE BY THE STATE OF MISSISSIPPI

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

PLACE OF DEATH  
County Lauderdale  
Vol. Independence Registration District No. 6627  
Inc. Town ..... Primary Registration District No. ....  
City ..... No. .... St. .... Word  
FULL NAME Thomas Bolton

File No. 23854  
Registered No. ....  
[If death occurred in hospital or institution specify SAME instead of giving file number.]

PERSONAL AND STATISTICAL PARTICULARS		
1 SEX <u>Male</u>	2 COLOR OR RACE <u>white</u>	3 SINGLE MARRIED WIDOWED OR DIVORCED (If plural use word) <u>married</u>
4 DATE OF BIRTH <u>August 1867</u> (Month) (Day) (Year)		5 AGE <u>62</u> yrs. .... mos. .... ds. IF LESS than 1 day ... hrs. or ... min.?
6 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Farmer</u> (b) General nature of industry, business or establishment in which employed (or employer)		
7 BIRTHPLACE (State or country) <u>Lauderdale Ky</u>		
8 PARENTS	9 NAME OF FATHER <u>Alex Bolton</u>	
	10 BIRTHPLACE OF FATHER (State or country) <u>Ky.</u>	
	11 MARRIED NAME OF MOTHER <u>Delila Stinson</u>	
	12 BIRTHPLACE OF MOTHER (State or country) <u>Ky.</u>	

MEDICAL CERTIFICATE OF DEATH		
13 DATE OF DEATH <u>April 14, 1919</u> (Month) (Day) (Year)		
14 I HEREBY CERTIFY, That I attended deceased from ..... 191... to ..... 191... that he last saw h..... alive on ..... 191... and that death occurred on the date stated above at ..... The CAUSE OF DEATH was as follows: <u>Stomach trouble</u>		
15 (Duration) ..... yrs. .... mos. .... ds.		
Contributory (Secondary) ..... (Duration) ..... yrs. .... mos. .... ds.		
16 (Signed) ..... M. D. ..... (Address) .....		

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Melvin Russell  
(Address) Red Rock Ky.  
Filed Sept 12 1919 Mrs. C. C. ...

17 In the DEPARTMENT CAUSE OF DEATH, or in death from VIOLATION CAUSED BY (1) NEGLECT OF DUTY; and (2) MURDER ACCIDENTAL, SUICIDE or HOLOGICAL  
18 PERIOD OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  
At place of death ..... yrs. .... mos. .... ds. In the State ..... yrs. .... mos. .... ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence .....

(This certificate has been lost)

19 PLACE OF BURIAL OR REMOVAL  
Poplar Chapel  
20 UNDERTAKER  
DATE OF BURIAL  
April 15, 1919  
ADDRESS