MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

7636

1. PLACE OF DEATH

County Andrew, Registration District No. 13 File No. 6

Township Primary Registration District No. 4010 Registered No. 22

City Savannah, (No. Dr. Nichols Sanitorium, St. Ward)

2. FULL NAME Mary A. Wolfe,

(a) Residence. No. St., Ward. Sharpsburg, Iowa,
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female,

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Wolfe,

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 11, 1846

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ...min.
81	6	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home,

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ogle County, Illinois,

PARENTS

10. NAME OF FATHER: Frank Hamilton,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Maryland,

12. MAIDEN NAME OF MOTHER: Abigal Haller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Maryland,

14. INFORMANT: Mrs. Anna Wainwright
(Address) Lenox, Iowa.

15. FILED Mch 15 28 C O Jefferies REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 13 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1928, to Mar 13, 1928 that I last saw her alive on Mar 13, 1928, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Bronchi-Pneumonia

107A 1000

169 (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY): Senility

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) E. Metheny, M.D

3/13, 1928 (Address) Savannah, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Moravia, Iowa,

DATE OF BURIAL: Mch. 15 1928

20. UNDERTAKER: Frank A. Bowman

ADDRESS: Savannah, Mo.

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.