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

Do not use this space.

190

FEB 18

1. PLACE OF DEATH

County Buchanan. Registration District No. 85

Township Primary Registration District No. 1001

City St. Joseph (No. 2214 Delmar Street St. Ward)

File No.

Registered No. 4

2. FULL NAME Robert Lee Wolf

(a) Residence. No. 2214 Delmar St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY AND YEAR) September 23, 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	0	3	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Finis Wolf

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Nodaway
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Ruby Schuman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

14. INFORMANT Finis Wolf
(Address) 2214 Delmar St.-St. Joseph Mo.

15. FILED 5 1931, 19 John G. Utz REGISTRAR

JAN

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 2 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1930, to Jan 2, 1930, that I last saw him alive on Jan 2, 1930, and that death occurred, on the date stated above, at 11/40 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

109 A

Broncho-Pneumonia

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Unknown

(duration) yrs. mos. ds.

107 A

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms

(Signed) A. A. Long, M. D.

Jan. 3, 1931 (Address) St. Joseph 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	DATE OF BURIAL
Green Cemetery	Jan. 4 1931
20. UNDERTAKER H. O. Sidenfaden	ADDRESS 1802 Union St.

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.