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.

APR 27 1932

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

Do not use this space.

8959

1. PLACE OF DEATH

50 County Jefferson — Registration District No. 420 — File No.

Township Valle — Primary Registration District No. 5574 — Registered No. 34

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME William Barney Wolfskill

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

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: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Amanda H Wolfskill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 18 1858

7. AGE: YEARS 73 — MONTHS 6 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farming
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saline Co Mo.

FATHER
13. NAME: Joseph H Wolfskill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saline Co Mo.

MOTHER
15. MAIDEN NAME: Lou Watson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Mrs Amanda H Wolfskill, De Soto Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: De Soto Mo — DATE: April 1 32 — Woodlawn park

19. UNDERTAKER (ADDRESS): C H Burnhart, Crystal City Mo

20. FILED 4/1, 1932 — D. L. Naugly, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from March - 20, 1930, to March - 30, 1932. I last saw him alive on March - 29, 1932. Death is said to have occurred on the date stated above, at 425 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-20-1932
108	
1158	
Other contributory causes of importance: abscess of parotid gland	3 24 1932

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Walter E Gibson, M. D.

(Address) 401-S-5th De Soto Mo