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.

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

Do not use this space.
19778

1. PLACE OF DEATH
County Jackson — Registration District No. 899 — File No.
Township Kan — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City (No. Kansas City Gen'l Hosp St. Ward)

2. FULL NAME Arthur Wolfe
(a) Residence, No. 5206 E. 28th St. Terrace St., 14 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Kathryn Wolfe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22 1875

7. AGE: YEARS 57 — MONTHS 4 — DAYS 6 — 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. Unemployed
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) Kingston Mo

FATHER
13. NAME Lewis Wolfe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

MOTHER
15. MAIDEN NAME Molly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

17. INFORMANT (ADDRESS) Record Clerk KC Gen. Hosp. K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE 7-1-32

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster 918 Brooklyn, ave.

20. FILED 6/30, 1932 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-28, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-27, 1932 to 6-28, 1932
I last saw him alive on 6-28, 1932 Death is said to have occurred on the date stated above, at 11:40 a.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Throat — Date of onset
45F
456
Other contributory causes of importance:
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?
If so, specify
(Signed) P E Williams, M. D.
(Address) Supt KC Gen. Hosp KC Mo