

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

Do not use this space.

31168

1. PLACE OF DEATH

102 County Shelby
Township Salt River
City Shelbina Mo.

Registration District No. 830
Primary Registration District No. 6091

File No. 30
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ Ward _____
(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. (If nonresident, give city or town and State)

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 Effie Wolf

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6 - 1860

7. AGE YEARS 72 MONTHS _____ DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) Marion (STATE OR COUNTRY) Virginia

13. NAME W. W. H. Wolf

14. BIRTHPLACE (CITY OR TOWN) East of Marion (STATE OR COUNTRY) _____

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) not known (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Mrs. Effie Wolf
Shelbina Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Guth Ridge DATE Sept 11, 1932

19. UNDERTAKER (ADDRESS) G. W. Brothers
Shelbina Mo.

20. FILED Sept. 10, 1932 Madge Speck
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-8-32, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-3-1930 to 9-8-32, 1932.
I last saw him alive on 9-8-32, 1932. Death is said to have occurred on the date stated above, at 5a m.
The principal cause of death and related causes of importance were as follows:

Aortic Insufficiency Date of onset not known
92A B 2A
93D 2A
Other contributory causes of importance: Myocarditis not known

Name of operation none Date of _____
What test confirmed diagnosis? Chemical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) A. M. Wood, M. D.
(Address) Shelbina Mo.

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.

102 30 1932

