

SEP 22 1937

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

Do not use this space.

31387

1. PLACE OF DEATH

77 County Cape Girardeau
Township Washington
City Fredericktown

Registration District No. 1124
Primary Registration District No. 58519

File No. 3
Registered No. 5
St. _____ Ward _____

2. FULL NAME

Elmer Wolf
(a) Residence, No. Fredericktown R.O. 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 26 1936, to April 25 1937
I last saw him alive on April 25 1937. Death is said to have occurred on the date stated above, at 5 A.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 23 1936
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
13 3

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

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. -
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

Tuberculosis
Date of onset _____
Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredericktown Mo

FATHER 13. NAME Henry Wolf
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Mo

MOTHER 15. MAIDEN NAME Bessie Horok
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Mo

17. INFORMANT (ADDRESS) Henry Wolf Fredericktown Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS) Myrlor of deceased

20. FILED Sept 8 1937 Wm D. Buechler Registrar

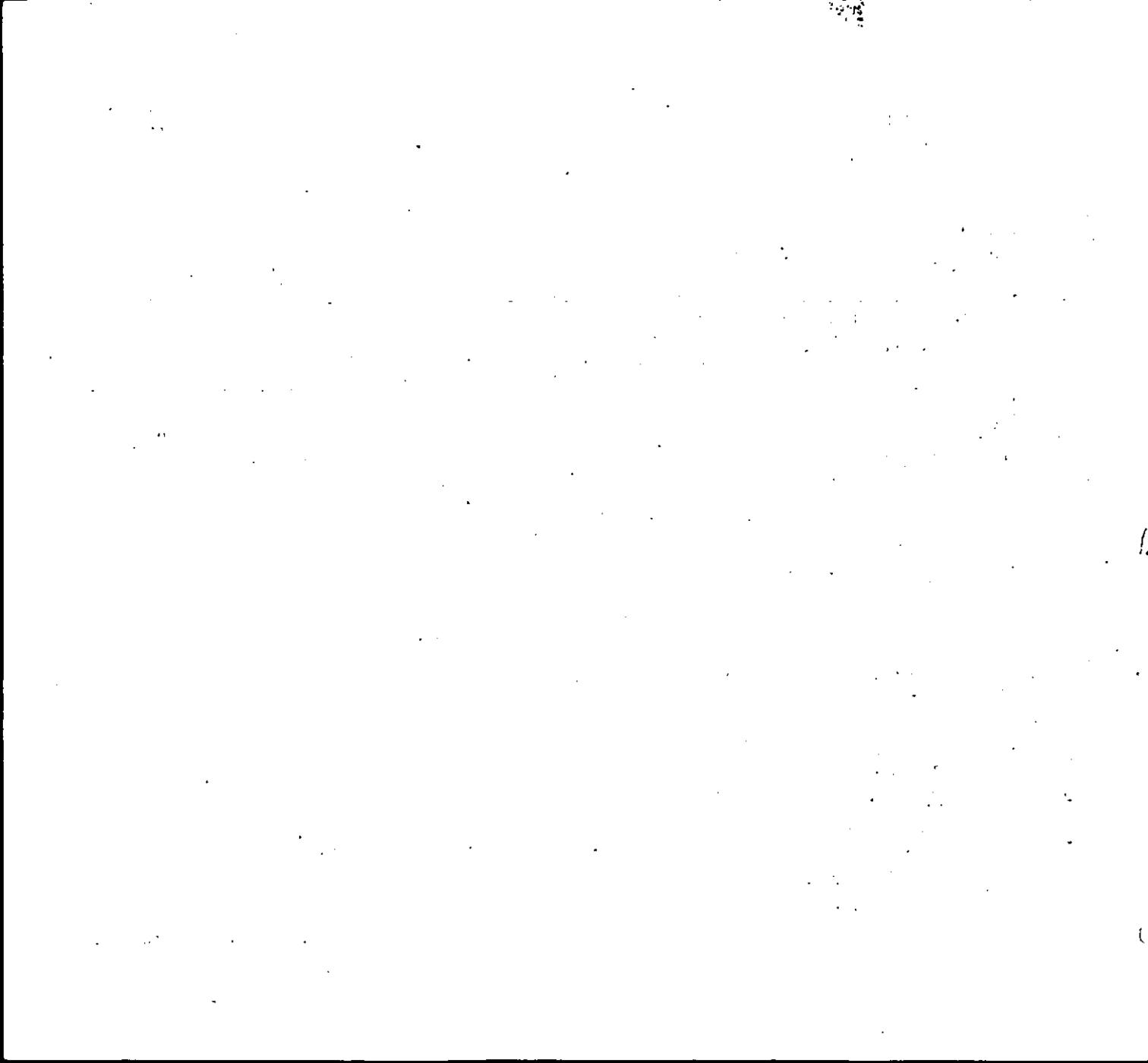
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Joseph Buechler, M. D.
(Address) Fredericktown Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH

(a) County Osage Registration District No. 1124
 (b) Township Washington Primary Registration District No. 5851
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elmer Maef.

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED child

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 26, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from to, 19.....

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

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
13 3

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

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

Date of onset

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

Other contributory causes of importance:

FATHER 13. NAME

Name of operation Date of

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

What test confirmed diagnosis? Was there an autopsy?

MOTHER 15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19.....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury
 Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Rock 7 cemetery DATE April 27, 1937

24. Was disease or injury in any way related to occupation of deceased?

19. FUNERAL DIRECTOR (ADDRESS)

If so, specify J. B. Burdick, M. D.

20. FILED May 8, 1937 J. M. Beall Local Registrar.

(Address) Freeburg mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-31387