

REC'D APR 14 1938

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

10226
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township 1 Primary Registration District No. 1001 Registered No. 365
(c) City St. Joseph (d) Street No. 207 Virginia 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 39 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clara M. Wolfley 414

(a) Residence, No. 207 Virginia 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruben J. Wolfley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 9 25
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed
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

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

FATHER 13. NAME Stephen Drazy
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Alice Caselman
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Olive Reynolds
(ADDRESS) 207 Virginia, St. Joseph, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Mar. 30, 1938

19. FUNERAL DIRECTOR Liberty Funeral Chapel
(ADDRESS) 6100 King Hill Ave. St. Joseph

20. FILED Mar 29 1938 H. J. Neettlebusch
H. J. Neettlebusch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 28, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1937, to Mar 28, 1938

I last saw her alive on Mar 22, 1938. Death is said

to have occurred on the date stated above, at 10:15 A.M.

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

Dissect of the breast and sacroiliac joint
Cancer of the sacroiliac joint
was secondary to cancer of breast

Date of onset about
May 1935

Other contributory causes of importance: 50

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) H. A. Robertson, M. D.
(Address) St. Joseph Mo

STATEMENT BY LICENSED EMBALMER

I, Bernard M. Frank, Licensed Embalmer No. 3787

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Bernard M. Frank

Licensed Embalmer No. 3787

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)