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.

REC'D JUL 22 1938

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

22323
Do not use this space.

1. PLACE OF DEATH
(a) County Linn — Registration District No. 496
(b) Township — Primary Registration District No. 3025 — Registered No. 51
(c) City Brookfield — (d) Street No. 317 W. John St. 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 2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clara Gertrude DE Wolf
(a) Residence, No. 317 W. John St St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. — 4. COLOR OR RACE W. — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26-1881

7. AGE — YEARS 56 — MONTHS 7 — DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
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) (STATE OR COUNTRY) Brookfield Mo.

FATHER
13. NAME Thomas Tooey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo New York

MOTHER
15. MAIDEN NAME Jennie Carpenter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waterville New York

17. INFORMANT (ADDRESS) Mrs. A. Golden Brookfield

18. BURIAL, CREMATION, OR REMOVAL PLACE St Michael Cemetery DATE June 16, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hill Chapel Brookfield

20. FILED July 9, 1938 Thos H Lucas Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1938, to June 14, 1938
I last saw her alive on June 14, 1938. Death is said to have occurred on the date stated above, at 1 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	June 14-38
94 B	
Other contributory causes of importance: Auricular Fibrillation	June 7-38

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) Jane Evans, M. D.
(Address) Brookfield Mo

Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, J. M. Blacklock, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed J. M. Blacklock

Licensed Embalmer No. 2226

P. O. Address Brookfield Mo

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

If this body is not embalmed, above space should be left blank.