

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

Do not use this space.

36587

FILED NOV 25 1940

1. PLACE OF DEATH

County Taney Registration District No. 858  
Township Big Creek Primary Registration District No. 6126  
City Protter (No. 20) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Joseph George Wolf  
(a) Residence No. Protter Mo Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 41 yrs. 7 mos. 15 ds. How long in U.S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha E Wolf

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-27-1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
41 7 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trucker

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) 3yr 11. Total time (years) spent in this occupation 3yr

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

13. NAME Charles C. Wolf

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City New York

15. MAIDEN NAME Martha V. Wolf

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

17. INFORMANT (ADDRESS) James T. Wolf Protter Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wolf Cems - Protter Mo DATE Oct 14 1940

19. UNDERTAKER (ADDRESS) Cherkinbeard Protter Mo

20. FILED Oct. 29 1941 Noomi Quick Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-12 1940

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to 10-12, 1940

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Homicide - a Guy that wound in head

Other contributory causes of importance: 172

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? 0

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Homicide Date of injury 10-12 1940

Where did injury occur? Protter Taney Mo (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) T.M. Callers, M. D.

(Address) Protter

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

RECEIVED

District Health Officer No. 6,

District File Number 1140-2448

Date Filed NOV 12 1940

NOV 12 1940

[Faint, mostly illegible typed text and stamps covering the majority of the page. Some faint words like "REPORT" and "NOV 12 1940" are visible.]