

PLACE OF DEATH

County Sevier

Township _____

or

Village _____

or

City Seaside Mo. (NO. 228.8. Grand St.: _____ Ward)Registration District No. 668File No. 28796Primary Registration District No. 3032Registered No. 216

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Cord Wolkers

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR OR RACE

WhiteSINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)Married

DATE OF BIRTH

July

(Month)

16

(Day)

1842

(Year)

AGE

74

yrs.

mos.

15

ds.

If LESS than
1 day, _____ hrs.
or _____ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work

retiree Merchant.

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country)

Anderlingen Germany

NAME OF FATHER

unknown

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

unknown

MAIDEN NAME OF MOTHER

unknown

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) S.H. Walhous

(ADDRESS)

Seaside Mo.Filed Aug 2 1916H. B. Long

REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

July

(Month)

31

(Day)

1916

(Year)

I HEREBY CERTIFY, that I attended deceased from July 26, 1916, to July 31, 1916, that I last saw him alive on July 31, 1916, and that death occurred, on the date stated above, at 11:45 pm.

The CAUSE OF DEATH* was as follows:

banery of Bleeding
69 yrs 45

(Duration)

yrs.

mos.

ds.

Contributory

(SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed)

Edue A. Albers

M. D.

8-11916

(Address)

Seaside Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place

of death

_____ yrs.

_____ mos.

_____ ds.

In the

State

_____ yrs.

_____ mos.

_____ ds.

Where was disease contracted if not at place of death?

Former or

usual residence

PLACE OF BURIAL OR REMOVAL

Sweet Springs Mo.

DATE OF BURIAL

Aug 31916

UNDERTAKER

Seaside Undertaking Co.

ADDRESS

Seaside MoPer P. Roglin

COPY MAINLY. 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.

