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

Do not use this space.

18911

1. PLACE OF DEATH
County: Miller
Township: Salem
City: Eldon
Registration District No. 561
Primary Registration District No. 4330
File No.
Registered No. 29
(No. ..... St. ..... Ward)

2. FULL NAME: James Edward Wolfe
(a) Residence. No. ..... 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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 15 1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
52	4	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO

PARENTS
10. NAME OF FATHER: Nicholas Wolfe
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Martha Grandoff
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): MO

14. INFORMANT: Pearl Wolfe
(Address): Eldon MO

15. FILED 7-15, 1927 Belle Haynes. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 12 1927

17. I HEREBY CERTIFY, That I attended deceased from June 12, 1927, to June 12, 1927 that I last saw him alive on June 12, 1927 and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicide. (Gun Shot)
167
170
(duration) ..... yrs. ..... mos. 4 hrs.

CONTRIBUTORY (SECONDARY): ?
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? no. DATE OF /
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Visible
(Signed) E. C. Shelton, M. D
, 19 (Address) Eldon MO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Eldon Cemetery
DATE OF BURIAL: 6/14 1927

20. UNDERTAKER: W G Phillips
ADDRESS: Eldon

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.

1927