

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

Do not use this space.

37398

**1. PLACE OF DEATH**

County Lafayette  
 City Lexington (No. 3024)

Registration District No. 461  
 Primary Registration District No. 3024

File No. 97  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

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. (If nonresident give city or town and State)

**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 OR (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 10, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
47 | 8 | 14

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Coal Miner  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Lexington, Mo.  
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Gabriel Wokoff

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lafayette, Mo.  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER May Jane Perry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lafayette, Mo.  
 (STATE OR COUNTRY)

14. INFORMANT (Address) John Gabriel Wokoff  
Lexington, Mo.

15. DIED Dec 25 1927 J. D. Cape REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 25 1927

17. I HEREBY CERTIFY That I attended deceased from Dec 2, 1927, to December 24, 1927 that I last saw him alive on December 24, 1927, and that death occurred, on the date stated above, at 12:15 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute Pulmonary Tuberculosis  
25A  
 (duration) \_\_\_\_\_ yrs. 6 mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) 31  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH? no

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? no  
 (Signed) J. D. Ball M. D.  
Dec 25, 1927 (Address) Lexington, 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 Lexington, Mo. DATE OF BURIAL Dec 27 1927

20. UNDERTAKER Christ Fegert ADDRESS Lexington, Mo.

K. E.—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.

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