

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

Do not use this space.

16895

1. PLACE OF DEATH

County Franklin
Township South of State
City Deep Water

Registration District No. 351
Primary Registration District No. 4206

File No. _____
Registered No. 9
St. _____ Ward _____

2. FULL NAME

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) ✓

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no

6. DATE OF BIRTH (MONTH, DAY AND YEAR) _____

7. AGE 3 YEARS 4 MONTHS 23 DAYS
If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Deep Water
(STATE OR COUNTRY) _____

10. NAME OF FATHER Albert H. Wolf

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Deep Water
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Martha

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill. Can.
(STATE OR COUNTRY) Ill.

14. INFORMANT Mrs. Albert Wolf
(Address) Deep Water Mo.

15. FILED 5/6 1928 J. J. Fressell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6, 1928

17. I HEREBY CERTIFY That I attended deceased from 5-4-28 to 5-6-28 1928
that I last saw him alive on 5-4-28 1928, and that death occurred, on the date stated above, at 12:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture of nasal bones caused from accident followed by an infection in lower ethmoidal bones

CONTRIBUTORY (SECONDARY) (X)
(duration) _____ yrs. _____ mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? no, DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? fracture
(Signed) _____ M. D.

5/6, 1928 (Address) Clinton 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 DATE OF BURIAL

K of P. Cemetery 5-7 1928

20. UNDERTAKER ADDRESS

Tom Hunt Deep Water Mo.

N. H.—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.

