

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

Do not use this space.

1303

File No. _____
Registered No. 205
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. 39
Township Law Primary Registration District No. 100
City Norfolk (No. 3004) Norton

2. FULL NAME

Elizabeth F. Wolfe
(a) Residence. No. 3004 Norton St. 14 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 35 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 F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John O. Wolfe

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 11, 1847

7. AGE YEARS 83 MONTHS 0 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

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

9. BIRTHPLACE (CITY OR TOWN) Norfolk
(STATE OR COUNTRY) W. Va.

10. NAME OF FATHER John Crow

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) _____

14. INFORMANT John O. Wolfe
(Address) 3004 Norton

15. FILED Jan 21, 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21 1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 1930, to Jan 20, 1930, that I last saw her _____ alive on Jan 20, 1930, and that death occurred, on the date stated above, at 7: A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Purpura Hemorrhagica
70R
_____ (duration) _____ yrs. mos. ds.
CONTRIBUTORY Senility
(SECONDARY) _____ (duration) 2 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS none
(Signed) Irwin E. Ruhl, M. D.
1/21, 1930 (Address) 1801 Prospect

*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 Forest Hill DATE OF BURIAL Jan 22 1930

20. UNDERTAKER A. H. Newcomer's Sons & Co
ADDRESS _____

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.

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PARENTS

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