MAR 15 1930

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

Do not use this space.

4120

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 184

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME John Wolf,

(a) Residence. No. St., Ward. Diagonal, Iowa,
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Wolf,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 7th.- 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	54	8	4	

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) Unknown,
(STATE OR COUNTRY) Czecho Slovakia,

PARENTS

10. NAME OF FATHER Peter Wolf,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Czecho Slovakia

12. MAIDEN NAME OF MOTHER Elizabeth Mance,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Rokitnitz,
(STATE OR COUNTRY) Czecho Slovakia,

14. INFORMANT Mrs. John Wolf
(Address) Diagonal, Iowa, R.F.D. #3

15. FILED FEB 12 1930 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby. 11, 1930

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 7:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypertrophy of heart (heart failure) following Thyroid Toxemia (duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (SECONDARY) Enlarged sceptic thyroids (duration) ...yrs. ...mos. ...ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feby 10-'30

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Charles Geiger, M. D.

Feby 11, 1930 (Address) 701 Francis

*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
Diagonal, Iowa,	Feb 13, 1930

20. UNDERTAKER	ADDRESS
Heaton - BeGole & Bowman	319 S. 10 St.

Funeral Home

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.