

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

Do not use this space.

8831

1. PLACE OF DEATH
 County Jackson Registration District No.
 Township Haw Primary Registration District No.
 City Kansas City (No. Home of Phylis 53rd Highland) St. Ward)

2. FULL NAME Andrew Wolfrom
 (a) Residence. No. 2541 Park Avenue St. 11 Ward. (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.

File No.
 Registered No. 1209
 St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 17 = 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 | 3 | 1 |

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) Inmate of Old Peoples Home
 (c) Name of employer Old City

9. BIRTHPLACE (CITY OR TOWN) Old City
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Conrad Wolfrom

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 George D. Wolfrom
 (Address) 2541 Park Ave. Kansas City Missouri

15. FILED 3/18, 1930 M. M. Crowe
 Assn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 1st 1930, to March 18, 1930 that I last saw h. alive on March 13, 1930, and that death occurred, on the date stated above, at 7 a.m.

CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
9:30
97
 (duration) 1 yrs. mos. ds.
 CONTRIBUTORY Arteriosclerosis
 (SECONDARY) (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
90B
 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS? Paul U. D. ...
 (Signed) 3/18, 1930 (Address) 336 Katterbach

*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 Wm Washington Cemetery DATE OF BURIAL March 19 1930

20. UNDERTAKER John J. Sheehan ADDRESS K.C. Mo

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.

RECORD

