

APR 30 1930

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

Do not use this space.

9117

1. PLACE OF DEATH

County Gasper  
Township Carthage  
City Carthage (No. ....)

Registration District No. 408  
Primary Registration District No. 2020

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Frances Marion Wolf

(a) Residence No. 717 S. Main St., .... Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mr. Truman Wolf</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 29 - 1859</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>3</u>
	DAY <u>29</u>	IF LESS than 1 day, .... hrs. or .... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Osteopathic Physician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Platteville  
(STATE OR COUNTRY) Wis.

10. NAME OF FATHER Henry H. Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN) N.Y.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elyza Hastings

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

14. INFORMANT Mr. Truman Wolf  
(Address) Carthage, Mo.

15. FILED Apr 19 30 W. de Bebeu  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 28 1930

17. I HEREBY CERTIFY. That I attended deceased from Nov 29 1929, to Mar 28 1930 that I last saw him alive on Mar 25 1930, and that death occurred, on the date stated above, at 9:45 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Hemorrhage

CONTRIBUTORY (SECONDARY) Nervous breakdown (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

8 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Dr. Truman Wolf M.D.

. 19 (Address) Carthage 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

Park Cemetery 3-30 1930

20. UNDERTAKER ADDRESS  
Wm. Drake Carthage

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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