

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

Do not use this space.

9422

1. PLACE OF DEATH

County Livingston
 Township Jackson
 City (No.) (No.) (Ward)

Registration District No. 962
 Primary Registration District No. 5-675

File No.
 Registered No. 1
 St. Ward)

2. FULL NAME William F. Volk

(a) Residence. No. St. Ward.
 (Usual place of abode)
 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 3 1930

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

17. I HEREBY CERTIFY, That I attended deceased from July 3, 1929, to March 3, 1930, that I last saw him alive on Feb 26, 1930, and that death occurred, on the date stated above, at 7:30 A. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 16-1871.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Organic heart disease,
mitral insufficiency
958
 (duration) 1 yrs. 3 mos. - ds.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59- 0 17.

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)

CONTRIBUTORY (SECONDARY)

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston Co.

18. WHERE WAS DISEASE CONTRACTED Place of death
 IF NOT AT PLACE OF DEATH

10. NAME OF FATHER John Volk.

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs
 (Signed) W.M. Gardner M. D.
March 4, 1930 (Address) Chillicothe Mo.

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

12. MAIDEN NAME OF MOTHER Mary E. Foster.

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

*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.

14. INFORMANT Michael Gardner
 (Address) Chillicothe Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Edge wood Cem. DATE OF BURIAL 3-5 1930

15. FILED 3-7-30 H. L. White, Jr. REGISTRAR

20. UNDERTAKER Gas. D. Gordon ADDRESS Chillicothe Mo.

K. 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.

MAR 28 1930

