

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

Do not use this space.

26244

File No. 87  
Registered No. 87  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
County Cooper Registration District No. 218  
Township \_\_\_\_\_ Primary Registration District No. 3015  
City Boonville (No. \_\_\_\_\_)  
2. FULL NAME John Edwood Wolfe  
(a) Residence Nelson St. \_\_\_\_\_ Ward Mo.  
(Usual place of abode) (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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF   
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5<sup>th</sup> 1927  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
3 3 9  
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)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Marshall Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER J. H. Wolfe  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Linn  
(STATE OR COUNTRY) Osage Co. Mo.  
12. MAIDEN NAME OF MOTHER Bertha Bullard  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Marshall  
(STATE OR COUNTRY) Missouri

14. INFORMANT J. H. Wolfe  
(Address) Nelson Mo.

15. FILED 8/15/30 W. S. Sibley  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 14 1930  
17. I HEREBY CERTIFY, That I attended deceased from Aug 6 1930, to Aug 14 1930, that I last saw him alive on Aug 14 1930, and that death occurred, on the date stated above, at 9 A.M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS: Septicemia  
Streptococcal Meningitis  
Staphylococcal pneumonia  
Streptococcal pericarditis  
(duration) yrs. mos. 11 ds.

CONTRIBUTORY (SECONDARY) Pleural effusion (fibr)  
(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED at home  
IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Bacteriological  
(Signed) Walter M. Whitaker M. D.  
Aug 14 1930 (Address) Boonville, 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 Nelson Cemetery Nelson Mo. DATE OF BURIAL Aug 15 1930

20. UNDERTAKER Schwitzky Meister ADDRESS Boonville Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

25 1930

