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

Do not use this space. 2

33

File No. 2

Registered No.

Registration District No. 13

Primary Registration District No. 4010

1. PLACE OF DEATH

County Andrew,

Township

City Savannah, (No. Dr. Nichols Sanitorium St. Ward)

2. FULL NAME James B. Wolfe,

(a) Residence. No. St., Ward. Stewart, Iowa, (If nonresident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 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 Florence Wolfe,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	73	7	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer,

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Panora,

(STATE OR COUNTRY) Iowa,

PARENTS

10. NAME OF FATHER Solomon Wolfe,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,

(STATE OR COUNTRY) Ohio,

12. MAIDEN NAME OF MOTHER Unknown,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,

(STATE OR COUNTRY) Unknown,

14. INFORMANT Geo. W. Wolfe

(Address) 2805, 30th St. Des Moines, Ia.

15. FILED Jan 10, 31 O. Jeffries M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 8 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1930 to Jan 8, 1931 that I last saw him alive on Jan 8, 1931, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

a. Angina Pectoris

b.

c.

d.

(duration) ...yrs. ...mos. 10 ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis

arteriosclerosis (duration) (?) yrs. ...mos. ...ds.

18. WHERE WAS DISEASE CONTRACTED Don't Know

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Prepared for Surg

(Signed) J. Ellis Sherry M. D.

1/8, 1931 (Address) Savannah 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
Des Moines, Iowa,	Jan. 11, 1931
20. UNDERTAKER	**ADDRESS**
F. A. Bauman	Savannah, 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. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.