

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.

MAR 23

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

Do not use this space.

4644

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No. 4644

Township

Primary Registration District No. 1001

Registered No. 165

City St. Joseph

(No. 3011 Edmond St.)

St. Ward

2. FULL NAME

Amelia Wolter

(a) Residence. No. 3011 Edmond St., Ward.

(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

1 MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb, 11, 1931 19

17. I HEREBY CERTIFY, That I ^{viewed} ~~attended~~ deceased ~~on~~ ^{on} Feb, 11, 1931, 19 to 19, that I last saw h. ~~h.~~ ^{h.} ~~alive~~ ^{alive} on 19, and that death occurred, on the date stated above, at 3.00 P.M. m.

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

John W. Wolter

THE CAUSE OF DEATH* WAS AS FOLLOWS:

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July, 15, 1858

7. AGE

YEARS 72

MONTHS 6

DAYS 26

IF LESS than 1 day, hrs. or min.

Chronic Myocarditis
93C
Unknown (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home. 2 35

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

(c) Name of employer

CONTRIBUTORY (SECONDARY) none (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Quincy, Ill. 2

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) B. P. Fallach, M. D.

*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.

10. NAME OF FATHER

John Waldhouse

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown 16

Germany

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

Germany

14. INFORMANT

(Address)

John W. Wolter
3001 Edmond St.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Quincy, Illinois.

DATE OF BURIAL

Feb, 13, 1931

15. FILED

1931

John R. Bender
REGISTRAR

20. UNDERTAKER

Walter Meierhoffer

1303

ADDRESS

Faraon St.

FEB 12 1931

