

APR 20 1931

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

Do not use this space. 12

1. PLACE OF DEATH

2 County Andrew Registration District No. 13
5 Township Savannah Primary Registration District No. 4070
2 City Savannah (No. St. Nicholas Sanatorium) St. Ward

File No. 867273
Registered No.

2. FULL NAME Sylvia Ukraina Wolf

(a) Residence No. St. Ward Uniontown, Kans.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF wife of Edm^{only} Wolf

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
46 1 5

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Sullivan Co.
(STATE OR COUNTRY) Indiana 2

10. NAME OF FATHER John St. Clair

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

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown 3

14. INFORMANT Edmond Wolf
Address Uniontown, Mo.

FILED 28 31 W. J. Oppenheimer MD
19 REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-27-1931
17. I HEREBY CERTIFY, That I attended deceased from 2-20-1931 to 3-27-1931 that I last saw h. u. alive on 3-27-1931, and that death occurred, on the date stated above, at 11:05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Mitral Insufficiency
53E
92A (duration) yrs. mos. ds.

CONTRIBUTORY Carcinoma right Ovary
(SECONDARY) (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 53E
IF NOT AT PLACE OF DEATH 1

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Physician's findings
(Signed) William C. Stearns, M. D.

3-27-1931 (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 East Scott, Kansas DATE OF BURIAL May 29 1931

20. UNDERTAKER J. A. Bowman ADDRESS Savannah, Mo.

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.

