

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

Do not use this space.

22044

1. PLACE OF DEATH

County Livingston Registration District No. 5-11
 Township Fairview Primary Registration District No. 5-680
 City Avalon Mo (No. _____) St. _____ Ward _____

File No. 7
 Registered No. 7

2. FULL NAME

John H Wolfe
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 60 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21 - 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>74</u>	<u>5</u>	<u>11</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 74

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

13. NAME Joseph Wolfe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Emeline Patterson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

17. INFORMANT Roy Wolfe (ADDRESS) Avalon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Avalon Mo. DATE 6-4 1931

19. UNDERTAKER F. B. Norman (ADDRESS) Chillicothe Mo.

20. FILED June 3 1931 Mrs Ches Lindsey Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 1931

22. I HEREBY CERTIFY that I attended deceased from Jan 1 1929, to June 2 1931

I last saw him alive on May 25 1931 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Metral Resurgitation
920
 Other contributory causes of importance: _____
 Name of operation None Date of _____
 What test confirmed diagnosis Physical Signs Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) G. Collier M. D.

(Address) Chillicothe Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 27 1931

