

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

Do not use this space.

24688

1. PLACE OF DEATH
 County Franklin Registration District No. 292
 Township Newbawn Primary Registration District No. 4176
 City Newbawn (No. _____) St. _____ Ward _____
 2. FULL NAME Mrs George Wolf Sr.
 (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 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Wolf Sr.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 29 1849</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>3</u>	DAYS <u>17</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>"</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chester Ill</u>		
FATHER	13. NAME <u>John Kaufmann</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
MOTHER	15. MAIDEN NAME <u>"</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>	
17. INFORMANT <u>Mrs. Mollie Wolf</u> (ADDRESS) <u>Newbawn Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crematorium</u> DATE <u>7-18 1931</u>		
19. UNDERTAKER <u>John Prestig</u> (ADDRESS) <u>Newbawn Mo</u>		
20. FILED <u>7-17 1931</u> <u>W. H. Shible</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1931

22. I HEREBY CERTIFY, That I attended deceased from July 16 1931 to July 16 1931
 last saw her alive on July 16 1931 Death is said to have occurred on the date stated above, at 11:25 am
 The principal cause of death and related causes of importance were as follows:
Nephritis Chronic
 Date of onset 131

Other contributory causes of importance:
131

Name of operation _____ Date of _____
 What test confirmed diagnosis clinical 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) W. H. Cinspeck M. D.
 (Address) Newbawn, 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.

AUG 26 1931

