

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

Do not use this space.

33320

1. PLACE OF DEATH

County Shannon Registration District No. 822
Township Burch Tree Primary Registration District No. 6071
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 6

2. FULL NAME

Minnie E. 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
66 10 25

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

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) Sept. 1931

11. Total time (years) spent in this occupation

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

13. NAME Wilson Wright

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

15. MAIDEN NAME Anna E. Michels

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

17. INFORMANT (ADDRESS) Joseph H Wolfe Jr

18. BURIAL, CREMATION, OR REMOVAL PLACE Salisbury, Mo DATE Sept-16-31

19. UNDERTAKER (ADDRESS) Willow Springs, Mo

20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15 1931

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw her alive on June 15 1931 Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Apoplexy Date of onset _____

Other contributors, causes of importance None

Name of operation: _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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

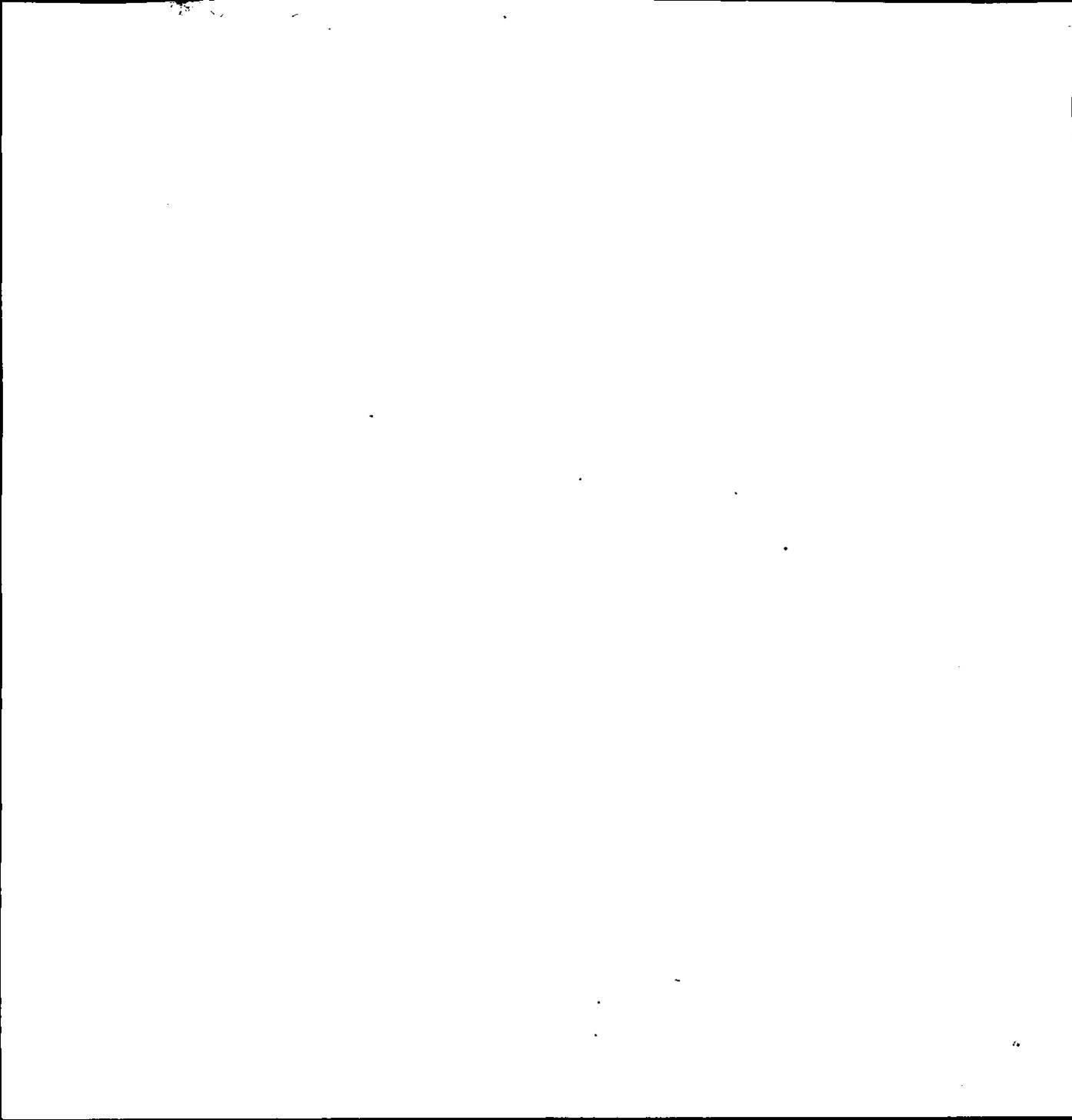
Where did injury occur? _____ (Specify city or town, county, and State)

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? If so, specify _____

(Signed) R. D. Davis M. D.
(Address) Burch Tree, Mo



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