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

Do not use this space.

41016

File No. 5904

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 391

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 3415 Euclid St. Ward)

2. FULL NAME Dulcinea M. Wolfe

(a) Residence. No. 3415 Euclid St., 13 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby 16, 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	9	29	

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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Fayetteville,
(STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER Archibald C. Martin

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

12. MAIDEN NAME OF MOTHER Jane Huddleson

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

14. INFORMANT Greg Wolfe
(Address) 3415 Euclid

15. FILED 12/17, 19 31 M. M. Crowe
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 15 19 31

17. I HEREBY CERTIFY, That I attended deceased from June, 1930, to Dec 15, 1931, that I last saw h. alive on Dec 15, 1931, and that death occurred, on the date stated above, at 9:25 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary Agitans
9 3 C
8 7 B (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

12/16, 1931 (Signed) Harry L. Jones, M. D.
(Address) Kansas City, 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~~	DATE OF BURIAL
Mt. Washington	12-17 1931
20. UNDERTAKER	ADDRESS 3235
Stine & McClure	Gillham Plaza

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 2.

Dr Carr Jones
Argyle Building