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

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.

MAR 2 [illegible]

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

Do not use this space.

39 1. PLACE OF DEATH
County Greene — Registration District No. 317 — File No. 4304
Township — Primary Registration District No. 4192 — Registered No.
2 City Republic Mo (No. , St. Ward)

6 2. FULL NAME Gerald Buddy Wolf
(a) Residence, No. Republic Mo St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31, 1932
7. AGE: YEARS | MONTHS | DAYS 6 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none
11. Total time (years) spent in this occupation none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Republic Mo

FATHER
13. NAME Donald Wolf
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Republic Mo

MOTHER
15. MAIDEN NAME Opal W. McElroy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Billings Mo

17. INFORMANT (ADDRESS) Opal W Wolf
18. BURIAL, CREMATION, OR REMOVAL PLACE Evergreen County DATE 2/6 1932
19. UNDERTAKER (ADDRESS) R E Thurman Republic Mo
20. FILED 2/5 1931 V. W. Shover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 5, 1932
22. I HEREBY CERTIFY, That I attended deceased from January 31, 1932, to Feb 5, 1932
I last saw him alive on February, 1932. Death is said to have occurred on the date stated above, at 12 midnight
The principal cause of death and related causes of importance were as follows:

acute Encephalitis — Date of onset

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Other contributory causes of importance: none

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? no 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. no
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) E L Beal, M. D.
(Address) Republic Mo