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

Do not use this space.

File No. 35470

Registered No.

1. PLACE OF DEATH

County: Grundy — Registration District No. 330

Township: Jackson — Primary Registration District No. 5460

City ..... (No. ....., ..... St. ..... Ward)

2. FULL NAME: Hanna Margret Wolf

(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.

JAN 9 1933

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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: widow

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 23 – 1843

7. AGE: 89 YEARS; 2 MONTHS; 20 DAYS; If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House work 95

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Illinois 2

PARENTS

10. NAME OF FATHER: Henry Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Ireland 15

12. MAIDEN NAME OF MOTHER: Dont Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Dont Know 31

14. INFORMANT: Geo. Wolf

(Address): Lexington Illinois

15. FILED: 12 Nov 1932 E. A. Duffy REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 12 1932

17. I HEREBY CERTIFY, That I attended deceased from July 27, 1932 to Nov 12, 1932 that I last saw her alive on Nov 6, 1932 and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Renal Insufficiency

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) .....

(duration) 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 Symptoms

(Signed) A. J. Simpson M. D.

Nov 12, 1932 (Address) Chillicothe 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: Toles Cemetary — DATE OF BURIAL: Nov 13 1932

20. UNDERTAKER: M S Brott — ADDRESS: Chula Mo