

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

Do not use this space.

2356

1. PLACE OF DEATH

64 County Marion Registration District No. 547
 1 Township Mason Primary Registration District No. 3079
 8 City Hannibal (No. 29th Street) St. _____ Ward _____

File No. _____
 Registered No. 29
 St. _____ Ward _____

2. FULL NAME Joseph Wolter
 (a) Residence, No. 1500 Page St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Loretta
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29th, 1879
 7. AGE YEARS 53 MONTHS 3 DAYS 11 If LESS than 1 day, hrs. or min. 1863
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9th, 1933
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at II. I. Gam.
 The principal cause of death and related causes of importance were as follows:
By accident caused by
falling in of a
sewer ditch.
Chest Crushed.
 Other contributory causes of importance _____
 Date of onset _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prva
ILL
 13. NAME Jske Wolter
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Kate Stumble
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT Henry Walters
 (ADDRESS) 812 Madison St Hannibal
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet Cem. DATE Jan. 11th, 1933
 19. UNDERTAKER James O. Donnell
 (ADDRESS) Hannibal Mo
 20. FILED Joseph H. 33 O. Clausius
 Registrar.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury 1/9/1933
 Where did injury occur? Parkwood, Marion County, Mo.
 Specify whether injury occurred in industry, in home, or in public place.
Relief work for City of Hannibal
 Manner of injury sewer ditch, fell in
 Nature of injury Crushed chest
 24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify accident happening while at work.
 (Signed) Carl E. Fellows M. D.
 (Address) 1000 Grand Ave Hannibal, Mo. Coroner
Marion County 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.

RECORD

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