

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.

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

Do not use this space.

8142

1. PLACE OF DEATH

County Saline Registration District No. 801
Township _____ Primary Registration District No. 4480
City Sweet Springs Mo (No. _____) St. _____ Ward _____

2. FULL NAME

Emil Eugene Wolfe
(a) Residence, No. 431 Locust St Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 7 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 24 1920
7. AGE YEARS 13 MONTHS _____ DAYS 14 If LESS than 1 day, hrs. or min. _____
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. In School
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) February 3, 1933 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo

13. NAME Bert Wolfe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw Mo

15. MAIDEN NAME Hella M Barnes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Synoka Oklahoma

17. INFORMANT Bert Wolfe (ADDRESS) Sweet Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sweet Springs Mo DATE February 9 1933

19. UNDERTAKER (ADDRESS) Jessie Harvey Sweet Springs Mo

20. FILED Feb 9 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 8th 1933 to Feb 8th 1933
I last saw him alive on Feb 8th 1933 Death is said to have occurred on the date stated above, at 6:45 m.

The principal cause of death and related causes of importance were as follows:
Diphtheria
10/11 10
Other contributory causes of importance: Pneumonia

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify _____
(Signed) Clyde W. Parnell M. D.
(Address) Sweet Springs Mo

2
AUS