

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

Do not use this space.

9865

APR 25 1934

1. PLACE OF DEATH  
 County Nodaway Clearmont Mo. Registration District No. 619  
 Township Atchison. Primary Registration District No. 882-1  
 City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
 Registered No. 7

2. FULL NAME Albert A. Woolf.  
 (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 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) July 15/1848.  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
85 7 21

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.  
 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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Pennsylvania. (STATE OR COUNTRY)

MOTHER FATHER  
 13. NAME Joseph Woolf

14. BIRTHPLACE (CITY OR TOWN) Pa. (STATE OR COUNTRY)

15. MAIDEN NAME Matilda Hazelbaker.

16. BIRTHPLACE (CITY OR TOWN) Pa. (STATE OR COUNTRY)

17. INFORMANT William Wolf, Clearmont Mo. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Clearmont Mo. DATE Mar. 8 1934

19. UNDERTAKER Price Funeral Home, Maryville (ADDRESS)

20. FILED 7 34 W. H. Wiley Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 1934 .19  
 22. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1930, to March 6, 1934  
 I last saw him alive on March 4, 1934 Death is said to have occurred on the date stated above, at 6, A. m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart disease continuing a number of years. Failing compensation, dyspnoea, edema, toxemia, exhaustion.

Date of onset  
92A  
95E  
610

Other contributory causes of importance:  
None  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Not 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 \_\_\_\_\_  
 O. (Signed) R. A. Hawthorne, M. D.  
 (Address) Braddyville, Iowa.

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.

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