WRITE PLAINLY, WITH INDELIBLE 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.

NOV 9 1934

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

Do not use this space.

File No. 35570
Registered No. 286

1. PLACE OF DEATH
County Cole
Township
City Jefferson City (No. , St. Ward)

Registration District No. 213
Primary Registration District No. 3014

2. FULL NAME Cleo Mae Wolfe

(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: female
4. COLOR OR RACE: w
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) Aug 15 1898

7. AGE: Years 36 Months 2 Days 2 If LESS than 1 day, hrs. or min.

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME J. E. Wolfe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co., Mo.

MOTHER
15. MAIDEN NAME Pearl A. Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co., Mo.

17. INFORMANT Mrs. Pearl A. Wolfe
(ADDRESS) Sedalia, Mo.

18. ~~BURIAL, CREMATION,~~ OR REMOVAL
PLACE Sedalia, Mo DATE Oct. 18 1934

19. UNDERTAKER Phillips Funeral Home
(ADDRESS) Sedalia, Mo.

20. FILED 10/18/1934 J. E. Jones M.D.
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1934 to Oct 18 1934
I last saw her alive on Oct 18 1934 Death is said to have occurred on the date stated above, at 1:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cerebral Hemorrhage	6 mos ago
2. Chronic Cystitis	

Other contributory causes of importance:
2nd Anemia

Name of operation none 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? 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?
If so, specify
(Signed) , M. D.
(Address) Jefferson City Mo