

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

Do not use this space.

907

FEB 25 1935

1. PLACE OF DEATH

County Greene
Township Springfield
City Springfield (No. 200)

Registration District No. 314
Primary Registration District No. Burge Hospital

File No. 19
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 757 Texas 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Edna Wolf</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE YEARS <u>39</u>	MONTHS <u>Unknown</u>	DAYS <u>Unknown</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		11. Total time (years) spent in this occupation <u>Unknown</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unknown</u>		
10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-12-1935

22. I HEREBY CERTIFY, That I attended deceased from 12-29-1934 to 1-12-1935

I last saw him alive on 1-12-1935. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

"Alia"
11a
Pneumonia - Bronchial

Other contributory causes of importance:

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? _____ 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) W. Kelly, M. D.
(Address) Springfield, Mo.

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>
	13. NAME <u>Lafayette Wolf</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	15. MAIDEN NAME <u>Unknown</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	17. INFORMANT (NAME) <u>Wilma Croast</u>
	18. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>East, Ave Springfield, Mo.</u>
MOTHER	19. UNDERTAKER (ADDRESS) <u>Springfield, Mo.</u>
	20. FILED <u>1-13-1935</u>

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

