

FEB 9 1 1935

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township St. Louis Primary Registration District No. 1003
City..... (No. Missouri Pacific Hosp) St. Ward)

3781

File No.
Registered No. 1129

2. FULL NAME

Herman H. Wolf(a) Residence, No. St. RR Ward. Sedalia, Mo.
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Wolf6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27-18847. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 50 6 38. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boilermaker Helper9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1212. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Depton Mo.13. NAME John Wolf14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Depton Mo.15. MAIDEN NAME Anna Washburn16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Mrs Anna Wolf
(ADDRESS) Sedalia Mo18. BURIAL, CREMATION, OR REMOVAL PLACES Sedalia Mo DATE Feb 4 193519. UNDERTAKER Albert Ho-Topp's Inc
(ADDRESS) 4-29 N. Central20. FILED 31 1935 J. F. Brebeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 31 193522. I HEREBY CERTIFY That I attended deceased from 1-2-35, 19....., to 1-31-35, 19.....I last saw him alive on 1-31-35, 19..... Death is saidto have occurred on the date stated above, at 9:15 A.M.

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

Cerebral Chr. nephritis 1931 Date of onset

Other contributory causes of importance:

Unalignant Hypertension

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?.....

If so, specify

(Signed) W. O. Guthay, M. D.(Address) Mo. Pac. Hosp

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.

