

JUN 18 1935

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

Do not use this space.

15542

1. PLACE OF DEATH

County Barton Registration District No. 44
Township Central Primary Registration District No. 5066
City Lebanon (No.) St. Ward

File No.
Registered No. 4

2. FULL NAME

Rachel Maria Wolf

(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 53 yrs. 4 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John W. Wolf

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
77 4 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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) Appleton County, Iowa

13. NAME Jackson Morrow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brown County, Ohio

15. MAIDEN NAME Hanna Forsythe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brown County, Ohio

17. INFORMANT Mrs. O. M. King
(ADDRESS) Lebanon, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lebanon Cemetery DATE May 9th 1935

19. UNDERTAKER W. F. Kinsinger
(ADDRESS) Lebanon, Mo.

20. FILED 5-10 19 35 G. C. Lockyer, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7th 1935

22. I HEREBY CERTIFY That I attended deceased from April 30, 1935 to May 7, 1935

I last saw her alive on April 30, 1935 Death is said to have occurred on the date stated above, at 9:30 p.m.

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

Cardio-Respiratory-Vascular Date of onset

Dx

Other contributory causes of importance? Senile Degeneration

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) G. C. Lockyer, M. D.
(Address) Lebanon Mo.

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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