

JUL 13 1935

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

Do not use this space.

19552

1. PLACE OF DEATH

County Henry
Township.....
City Calhoun (No.)

Registration District No. 349
Primary Registration District No. 4207

File No.....
Registered No. 9
St. Ward.....

2. FULL NAME Nathan Wolfe

(a) Residence, No. St. Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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>Nellie Wolfe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-29-1876</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>4</u>
	DAYS <u>8</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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. <u>life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hope Mo.</u>		
FATHER	13. NAME <u>Nicholas Wolfe</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>	
MOTHER	15. MAIDEN NAME <u>Budget McKeon</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT <u>Nellie Wolfe</u> (ADDRESS) <u>Calhoun, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calhoun</u> DATE <u>6-9-35</u>		
19. UNDERTAKER <u>Wilkinson</u> (ADDRESS) <u>Clinton, Mo.</u>		
20. FILED <u>6-9-35</u> 19 <u>35</u> <u>Ms. A. A. Gray</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-7 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-1 1935 to 6-7 1935

I last saw him alive on 6-7 1935. Death is said to have occurred on the date stated above, at 7 P. M.

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

Tuberculosis
Date of onset 6-1-35

~~Other contributory causes of importance:
Influenza~~

3-25-35

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) H. S. ..., M. D.
(Address) Clinton 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.

