MAR 16 1936

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

Do not use this space.

4761

1. PLACE OF DEATH

County Buchanan Registration District No. 86 File No. 13

Township Washington Primary Registration District No. 5127 Registered No. 13

City (No. Mitchell Ave. Road 7 Miles East of St. Joseph Mo Ward)

2. FULL NAME Harry Wolfenbargar

(a) Residence, No. 7 Miles East of St. Joseph Mo. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Viola Wolfenbargar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 21 1889.

7. AGE: YEARS 46 MONTHS 5 DAYS 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A.

10. Date deceased last worked at this occupation (month and year) January 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): South Vernon County Missouri

FATHER

13. NAME: Mason Wolfenbargar

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Tennessee

MOTHER

15. MAIDEN NAME: Mary Isam

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Tennessee

17. INFORMANT (ADDRESS): Mrs. Viola Wolfenbargar Mo. Mitchell Ave. Rd. East of St. Joseph

18. BURIAL, CREMATION, OR REMOVAL: Ashland Cemetery
PLACE St. Joseph Mo. DATE February 7 1936

19. UNDERTAKER (ADDRESS): H. C. Sidenfaden 1802 Union Str. St. Joseph Mo.

20. FILED Feb 6 1936 J. J. Bunshoe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26 1936, to Feb. 1 1936

I last saw him alive on Jan 31 1936. Death is said to have occurred on the date stated above, at 8:30 A.m.

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

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Influenza

Name of operation none Date of

What test confirmed diagnosis? Clin. Hist. Was there an autopsy? no

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) Forrest Thomas Coroner, M. D.

(Address) 731 Faraon

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.

V. S. NO. 100M-11-24-33