

MAR 25 1936

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

Do not use this space.

1. PLACE OF DEATH

County Stoddard
Township Liberty
City (No.) (No.) (No.)

Registration District No. 838
Primary Registration District No. 4509

File No. 8879
232
Registered No. _____
St. _____ Ward _____

2. FULL NAME Catherine Buana Wolfe

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 13 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	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 John H. Wolfe		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1873		
7. AGE	YEARS 62	MONTHS 7
	DAYS 21	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 13, '36**, 19
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to Feb. 13, 1936
I last saw her alive on Feb. 8, 1936. Death is said to have occurred on the date stated above, at 3 p. m.
The principal cause of death and related causes of importance were as follows:

Pharyngitis
Chronic Myocarditis Jan. 1935
933
Date of onset _____
Other contributory causes of importance:
Pharyngitis, chronic
muscular and articular

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
none
Manner of injury none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W. C. Strickland, M. D.
(Address) Dexter Mo.

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi
	13. NAME Lee Mize
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi
	15. MAIDEN NAME Janie Hanna
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi
17. INFORMANT J. H. Wolfe (ADDRESS) Dexter, Mo.	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dexter Cem</u> DATE <u>Feb. 15, 1936</u>	
19. UNDERTAKER Blankenship-Strickland (ADDRESS) Dexter, Missouri	
20. FILED <u>3-10</u> 19 <u>36</u> <u>Alice L. Norman</u> Registrar.	

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.

