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.

MAY 19 1936

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

Do not use this space.

14602

1. PLACE OF DEATH

County Cole — Registration District No. 213 — File No.

Township — Primary Registration District No. 3014 — Registered No. 130

City Jefferson City (No. St. Mary's Hospital, St. Ward)

2. FULL NAME Joseph Wolf

(a) Residence, No. 413 Madison St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
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: Anna Buckler Wolf

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 10, 1867

7. AGE: YEARS 68 — MONTHS 11 — DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor
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): Pisek Austria, Hungaria

FATHER

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

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Virgil Wolf, 413 Madison Jeff City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter's Cem. DATE 4/29- 36

19. UNDERTAKER (ADDRESS): Heinrichs Funeral Home, Jefferson City, Mo.

20. FILED 4/29/ 1936 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 27 36, 19

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1936, to April 27, 1936
I last saw him alive on April 27, 1936. Death is said to have occurred on the date stated above, at 11:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-26-36
Other contributory causes of importance: Chronic Nephritis with Hypertension	?

Name of operation None — Date of
What test confirmed diagnosis? Findings — 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? No
If so, specify

(Signed) Julian A. Assman, M.D.
(Address) Jefferson City, Mo