

FEB 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Nodaway
Township Wichison
City Clearmont

Registration District No. 619
Primary Registration District No. 4370

File No. 7454
Registered No. 34
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</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>Luda Wolfe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 12, 1862</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>12</u>
	DAYS <u>20</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

12. BIRTHPLACE (CITY OR TOWN) Ill.
(STATE OR COUNTRY)

FATHER
13. NAME Joseph Wolfe
14. BIRTHPLACE (CITY OR TOWN) Pa.
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Matilda Hazelbaker
16. BIRTHPLACE (CITY OR TOWN) Pa.
(STATE OR COUNTRY)

17. INFORMANT Mrs Luda Wolfe,
(ADDRESS) Clearmont, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clearmont, Mo. DATE Feb. 3, 1937

19. UNDERTAKER (ADDRESS) Maryville Mo.

20. FILED 763 37 W. H. Wiley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1 1937

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1936 to Jan. 31, 1937
I last saw him alive on Jan 31, 1937 Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

Cancer of Prostate
Date of onset not determined

Other contributory causes of importance: 51

Name of operation Transurethral resection Date of _____
What test confirmed diagnosis? _____ 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) R. A. Haw Thorne, M. D.
(Address) Braddyville, Iowa

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.

