

MAY 15 1937

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

Do not use this space.

15177

1. PLACE OF DEATH

County Jackson CountyRegistration District No. 399

Township

Primary Registration District No. 1002City Kansas City No. 5331 Highland Ave.File No. 1223

Registered No. _____

St. _____ Ward _____

2. FULL NAME Minnie Wolf(a) Residence, No. 5331 Highland Ave. St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------------------|----------------------------------|--|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
|-------------------------|----------------------------------|--|

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

| | | | | |
|----------|-----------|--------|------|--|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day,hrs. ormin. |
| <u>2</u> | <u>94</u> | | | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Germany13. NAME William Wolf14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Sophie Hereberd16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Wife - Camille Wolf
(ADDRESS) 5331 Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Marys Cem DATE 4/10/37 1919. UNDERTAKER Zubik and Tobin Co
(ADDRESS) _____20. FILED H-10 37 M.M. Crowe and
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8th 193722. I HEREBY CERTIFY, That I attended deceased from June 14 1935, to April 8 1937I last saw h. ex. alive on April 08 1937. Death is saidto have occurred on the date stated above, at 7 p.m.

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

Myocarditis 938

Other contributory causes of importance:

arterio sclerosis
(about 6 years)Name of operation _____ Date of _____
What test confirmed diagnosis? history observation Was there an autopsy? No23. 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) Paul J. Bourke M. D.
(Address) 1402 Bryanb Bldg

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.

