

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

Do not use this space.

1. PLACE OF DEATH **31 1937**
 89 County **Wayne** Registration District No. **244** File No. **17387**
 6 Township **Richmond** Primary Registration District No. **3035** Registered No. **62**
 4 City **Richmond** (No. _____) St. _____ Ward _____

2. FULL NAME **Betty Frances Wolfe**
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Infant**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 30, 1937**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 20

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) **Richmond, Missouri.**

FATHER
 13. NAME **Clarence Wolfe**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Larned Kansas**

MOTHER
 15. MAIDEN NAME **Vivian Hughes**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Richmond**

17. INFORMANT **G. W. Gaines M.D.**
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Richmond** DATE **4/21/37**

19. UNDERTAKER **C. M. Joiner**
 (ADDRESS) **Richmond**

20. FILED **5/10** 19 **1937** **Mary B. McDonald**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/20/37** 19 **19**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw her alive on _____, 19____. Death is said to have occurred on the date stated above, at **9 A.** m.
 The principal cause of death and related causes of importance were as follows:
Transition, or, Insufficient and improper food to sustain life (found dead in bed)
 Date of onset

Other contributory causes of importance:

158

Name of operation _____ Date of _____
 What test confirmed diagnosis **autopsy** Was there an autopsy? **yes**

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 **H**

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) **G. W. Gaines** _____, M. D.
 (Address) **Richmond, Mo.**

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.

