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

Do not use this space.

1. PLACE OF DEATH
County: Buchanan
Township:
City: St. Joseph, (No. 2715, Francis St. St. Ward)
Registration District No.:
Primary Registration District No.:
File No.: 19511
Registered No.: 603

2. FULL NAME: John Henry Wolter
(a) Residence, No. 2715 Francis St. 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? 59 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: Mary Ann Wolter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May, 10, 1854

7. AGE: 3 62 — YEARS: 83 — MONTHS: 0 — DAYS: 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Pattern maker. Irom Foundry.
10. Date deceased last worked at this occupation (month and year): Unk.
11. Total time (years) spent in this occupation: Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bamen, Germany.

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

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

17. INFORMANT (ADDRESS): Carl Wolter St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Quincy, Illinois. DATE: May, 24, 1937

19. UNDERTAKER (ADDRESS): Walter Mainhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED: May 23, 1937 H J Nettlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May, 21, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-20, 1937, to 5-21, 1937
I last saw him alive on 5-21, 1937. Death is said to have occurred on the date stated above, at 6.15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	5/21/37
948	

Other contributory causes of importance:

Arterio Sclerosis	unknown

Name of operation: Clinical 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) C. S. Branson M. D.
(Address) 620 Francis St

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.