

REC'D MAY 16 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County..... Barton ..... Registration District No. 40  
 Township..... ..... Primary Registration District No. 4024  
 City..... Lamar (No. ....) St. .... Ward) 13

## 2. FULL NAME

Mary Ann Wolf 410  
 (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 33 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) Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. S. Wolf

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
 89 2 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife-Retired

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) Carlisle Penn. (STATE OR COUNTRY)

13. NAME Francis Miller

14. BIRTHPLACE (CITY OR TOWN) Penn. (STATE OR COUNTRY)

15. MAIDEN NAME Nancy Kameron

16. BIRTHPLACE (CITY OR TOWN) Penn. (STATE OR COUNTRY)

17. INFORMANT h. h. Wolf (ADDRESS) Lamar, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Cem. DATE April 9th 1938

19. UNDERTAKER Kenantz's (ADDRESS) Lamar, Mo.

20. FILED 4-9-1938 Mrs. Josephine Prynatt, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6th 1938

22. I HEREBY CERTIFY, That I attended deceased from November 1937, to April 6, 1938

I last saw her alive on April 5, 1938. Death is said to have occurred on the date stated above, at 1:15 a.m.

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

Senility (Insular cerebral pneumonia)

Other contributory causes of importance: 107a

Name of operation..... 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?.....

If so, specify James A. Atkins, M. D. (Signed)

Lamar, Mo. (Address)

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.

