REC'D JUN 22 1938

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

Do not use this space.

18931

3

1. PLACE OF DEATH
County Montgomery 1 Registration District No. 593 File No. 59
Township Danville Primary Registration District No. 4351 Registered No. 59
City New Florence (No. ..... St. ..... Ward)

2. FULL NAME Francis J. Wolfe 410 St. Louis Mo.
(a) Residence, No. 4473 Wallace St. AVE. 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 4, 1916
7. AGE YEARS 21 MONTHS 9 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tulsa Oklahoma

FATHER
13. NAME Gerald W. Wolfe 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 0

MOTHER
15. MAIDEN NAME Katherine Fern Stahl
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Katherine Fern Wolfe New Florence Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis Mo DATE May 23 1938
19. UNDERTAKER (ADDRESS) A. E. Henderschott Jr. New Florence Mo.
20. FILED 6/10 1938 James O. Helm M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw him alive on Coroner's Jury, 19.... Death is said to have occurred on the date stated above, at 8 30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Cervical Vertebrae	5-21-38
Fractured Skull	"
Fractured Mandible	"
Primary Hemorrhage	"
Multiple Lacerations	"

Other contributory causes of importance:

210 M

Name of operation None 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? Accident Date of injury May 21, 1938
Where did injury occur? New Florence, Missouri (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. To the Right of Hiway 19 in New Florence
Manner of injury Fractured Skull - Jumping
Nature of injury Auto Accident - Hit truck

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) E. J. T. Andersen, M. D.
(Address) Montgomery City, Mo
Coroner Montgomery County

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.