

DEC'D AUG 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

26074

1. PLACE OF DEATH

County Madaway
 Township Grant
 City (No. _____) _____ St. _____ Ward _____

Registration District No. 617
 Primary Registration District No. 5819

File No. _____
 Registered No. 8

2. FULL NAME

Charles William Wolford
 (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 1 1/3 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eula Blagg Hammond Wolford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1896

7. AGE YEARS 42 MONTHS - DAYS 7 IF LESS than 1 day, _____ hrs. or _____ min.

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

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) 7-3-38 11. Total time (years) spent in this occupation 2 1/6

12. BIRTHPLACE (CITY OR TOWN) near Bernard (STATE OR COUNTRY) Missouri

13. NAME George Caleb Wolford

14. BIRTHPLACE (CITY OR TOWN) near Bernard (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Nancy Margaret Thompson

16. BIRTHPLACE (CITY OR TOWN) near Bernard (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs Nancy M Wolford (ADDRESS) Barnard farm

18. BURIAL, CREMATION, OR REMOVAL PLACE Barnard Cemetery DATE 7/21 1938

19. UNDERTAKER Campbell Funeral Home (ADDRESS) Marionville

20. FILED 7/19 1938 Chas. J. Hammett Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1938

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

Death is said to have occurred on the date stated above, at 2:00 p. m.

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

gunshot wound of brain Date of onset 7/19

Other contributory causes of importance: 167

Name of operation none Date of _____

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? suicide Date of injury 7/19, 1938

Where did injury occur? near Barnard (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury gunshot wound of brain

Nature of injury lacerations of brain

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Chas. J. Hammett, M. D.

(Address) Crown Madaway Co. 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.

