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.

REC'D MAR 20 1939

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

Do not use this space.

1. PLACE OF DEATH

58 County Linn — Registration District No. 504 — File No. 7089

Township Benton — Primary Registration District No. 4907 — Registered No. 2

City ..... (No. ....., 5681 B St. ..... Ward)

2. FULL NAME 410 Albert Owen 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elda Wolfe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4, 1868

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
70	5	27	

OCCUPATION

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) 1/31/1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan County Missouri

FATHER

13. NAME Thomas Wolfe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) XXXXXXXXXXXX Virginia

MOTHER

15. MAIDEN NAME Lucinda Orr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) XXXXXXXXXXX Ohio

17. INFORMANT (ADDRESS) Mrs. C. M. Johnson Purdin, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Purdin Cem. DATE 2/2/1939, 19

19. UNDERTAKER (ADDRESS) Thorne Undertaking Co. Linneus, Missouri

20. FILED 2-25-, 1939 U. C. Dryden, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/31/1939, 19

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1938 to Jan 31, 1939

I last saw him alive on Jan 31, 1939 Death is said to have occurred on the date stated above, at 4 a. m.

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

	Date of onset
Myocardial Failure	
92 P	

Other contributory causes of importance: Chronic Arterial Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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 .....

(Signed) G. H. Kroegen DO., M. D.

(Address) Purdin, Mo

RECEIVED
District Health Officer No. 10
District File Number 10-39-323
Date Filed MAR 14 1939