WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

REGD JUN 20 1939

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

Do not use this space.

File No. 19040

Registered No. 12

1. PLACE OF DEATH
County: Lafayette
Township: Clay
City: Wellington (No. ..... St. ..... Ward)
Registration District No. 466
Primary Registration District No. 6622C

2. FULL NAME: Frederick William Wulfekotter

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 29 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~~: Carrie Wulfekotter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 24, 1864

7. AGE: Years 74 | Months 7 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

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):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Liemen, West Falen Germany

FATHER
13. NAME: Herman Wulfekotter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

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

17. INFORMANT (ADDRESS): Mrs. Carrie Wulfekotter, Wellington, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Eton Cemetery Wellington Mo. DATE: May 5, 1939

19. UNDERTAKER (ADDRESS): Duensing Funeral Home, Wellington, Mo.

20. FILED: April 10, 1939 F. R. Mann, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar., 1938, to May 3, 1939
I last saw him alive on Apr. 20th, 1939. Death is said to have occurred on the date stated above, at 9 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Initial Renal insufficiency	
Other contributory causes of importance:	
Chronic Sclerosis	

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) R. B. Morris, M. D.
(Address) Wellington, Mo.

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 6/12/39