

FILED MAR 9 - 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH7786
Do not use this space.

1. PLACE OF DEATH *Pike* Registration District No. *U 91*
 (a) County *Calumet* Primary Registration District No. *5969A*
 (b) Township *Calumet*
 (c) City (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME *Clayton Eugene Wolff*
 (a) Residence, No. *Armada Rural* St.
 (Usual place of abods, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>Black</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 28th 1938</i>		
7. AGE	YEARS	MONTHS
	<i>1</i>	<i>5</i>
		<i>3</i>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Armada</i>		
13. NAME <i>Flordy Blair</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>		
15. MAIDEN NAME <i>Heta Wolff</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>		
17. INFORMANT (ADDRESS) <i>Herbert Dameron</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Ramsey</i> DATE <i>1-8</i> , 19 <i>40</i>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <i>Stevie Lakes</i> <i>Paynesville Mo.</i>		
20. FILED <i>1</i> + 19 <i>40</i> <i>Martha Dameron</i> <i>Local Registrar.</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2nd 3rd*, 19*40*

22. I HEREBY CERTIFY, That I attended deceased from *Jan. 28th*, 19*39*, to *Feb 3rd*, 19*40*
 I last saw him alive on *Nov. 3rd*, 19*39*. Death is said to have occurred on the date stated above, at *7:30 P.M.*
 The principal cause of death and related causes of importance were as follows:
Chronic Hydrocephalus
Chronic Bronchitis
Arteriosclerosis
 Date of onset *Dec 1939*

Other contributory causes of importance:
Chronic Bronchitis
Arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? *Physical*. 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? *No*
 If so, specify _____
 (Signed) *Robin J. McCoy* M. D.
 (Address) *Paynesville Mo.*

Licensed Embalmer's Statement on Reverse Side)

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

MARGIN RESERVED FOR BINDING

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.

RECEIVED

District Health Officer No. 10

District File Number 3-40-524

Date Filed 4 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

PROCESSED THROUGH THE DISTRICT HEALTH OFFICE