1928 382

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

Do not use this space. 32820

1. PLACE OF DEATH
County Buchanan Registration District No. 85 File No. ✓
Township St Joseph Primary Registration District No. 1001 Registered No. 1215
City St Joseph (No. State Hospital #2 St. Ward)

2. FULL NAME William M Wholf

(a) Residence. No. State Hosp #2 St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred — yrs. — mos. 6 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) Widowed

5A. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day and year) Unknown about 1845

7. AGE Years 83 Months Unknown Days If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town)
(State or country) Mo

PARENTS

10. NAME OF FATHER John Wholf
11. BIRTHPLACE OF FATHER (city or town) (State or country) Unknown
12. MAIDEN NAME OF MOTHER Hannah Frake
13. BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14. Informant Mr E. D. Sherriss
(Address) 7044 Ascking St Louis Mo

15. Filed OCT 25 1928 19.... John G. ... Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) Oct 24 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1928, to Oct 24 1928, that I last saw him alive on Oct 23, 1928, and that death occurred, on the date stated above, at 12:15 A.m.

THE CAUSE OF DEATH* was as follows:

Senile Exhaustion
162 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) General Paralysis of Insane (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? No. Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical.
(Signed) J. R. Burch, M. D
10/24/1928 (Address) State Hosp #2

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Excelsior Springs
DATE OF BURIAL Oct 24, 1928

20. UNDERTAKER Fleeman Funeral Home
ADDRESS 1208 Francis

M. P. OVERHOLSER, M. D., SUPERINTENDENT GEO. K. GILPIN, STEWARD
ST. JOSEPH, MISSOURI
AUGUSTUS HOCKADAY
C. F. BLOKER
W. M. BOWKER
FRANK B. FUSON, M. D.
HEALTH SUPERVISOR

DCCCXX

November
30
1928

Board of Health,
Jefferson City, Mo.

Gentlemen:

Regarding the death certificate of Wm. M. Wholf who died at this hospital October 24, 1928, in signing this out I gave General Paralysis of the Insane as the contributory cause - this was a mistake on my part as it is absolutely incorrect. Will you kindly change this to Senile Dementia. This will be greatly appreciated by me.

I am very sorry that this occured.

Respectfully yours,

J. R. Bunch, M. D.,
Assistant Superintendent.

JRB:VMT.

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 1215
City St Joseph (No. , St. Ward)

2. FULL NAME Wm M. Wolf

(a) Residence. No. State Hosp #2 St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 6 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)
M	White	Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
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8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Dora Wolf
(Address) Excelsior Springs Mo

15. FILED 11/28, 1928 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 24. 1928.

17. I HEREBY CERTIFY, That I attended deceased from Oct. 19. 1928, to Oct 24, 19
that I last saw h alive on Oct. 23. 1928, and that death occurred, on the date stated above, at 12.15. A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senile Exhaustion

11 y. (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Senility
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. R. Branch, M. D
10/24/ 1928 (Address) State Hospital #2.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL 19
20. UNDERTAKER	ADDRESS

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

SUPPLEMENTARY

1. PLACE OF DEATH
County Buchanan   Registration District No. 85   File No.
Township   Primary Registration District No. 1001   Registered No. 1215
City St Joseph (No. State Hospital No 2 St. Ward)

2. FULL NAME William M. Wholf
(a) Residence. No. State Hospital No 2 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. 6 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): Widowed
5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day and year): about 1845
7. AGE: Years 83 | Months Unknown | Days | If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) (State or country): Mo

PARENTS
10. NAME OF FATHER: John Wholf
11. BIRTHPLACE OF FATHER (city or town) (State or country): Unknown
12. MAIDEN NAME OF MOTHER: Hannah Froke
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown
14. INFORMANT: W. E. D. Sherrick
(Address) 704 Pershing St. [illegible]
15. FILED 12/6, 1928 John G. M[illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year): Oct 24 1928
17. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1928, to Oct 24, 1928, that I last saw him alive on Oct 23, 1928, and that death occurred, on the date stated above, at 12.15 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senile Exhaustion
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Senile Dementia
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no   DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. R. Burch, M. D
10/24, 1928 (Address) State Hosp #2.

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*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Excelsior Springs   DATE OF BURIAL: Oct. 24 1928
20. UNDERTAKER: Fleeman Funeral Home   ADDRESS: 1208 Francis

N.B.—EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. ... WILL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW