

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

Do not use this space.

1. PLACE OF DEATH
 89 County Way, Mo. 31 1937 Registration District No. 744 File No. 17387
 6 Township Richmond Primary Registration District No. 3035 Registered No. 42
 4 City Richmond (No. _____) St. _____ Ward _____

2. FULL NAME Betty Frances 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or, _____ min.
2 20

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

FATHER
 13. NAME Clarence Wolfe
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Larned Kansas

MOTHER
 15. MAIDEN NAME Vivian Hughes
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond

17. INFORMANT G. W. Gaines M.D.
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Richmond DATE 4/21/37

19. UNDERTAKER C. M. Joiner
 (ADDRESS) Richmond

20. FILED 5/10 19 7 Mary B. McDonald
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/20/37 .19

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

I last saw her alive on found dead at 9 A, 19____. 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:
Transition, or, Inefficient and improper food to sustain life (found dead in bed)
 Other contributory causes of importance:
158

Name of operation _____ Date of _____
 What test confirmed diagnosis autopsy Was there an autopsy? yes

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 H

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) G. W. Gaines, M. D.
 (Address) Richmond, 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.

