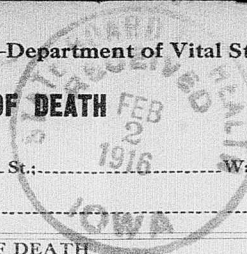


23-02550

STATE OF IOWA—Department of Vital Statistics

CERTIFICATE OF DEATH



[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

Place of Death

1. County of Clinton
2. Township of Liberty
3. City or Town of _____ (No. _____ St. _____ Ward _____)

4. FULL NAME James B. Wolfe
5. SEX Male 6. COLOR White

7. DATE OF BIRTH April 13 1844
(Month) (Day) (Year)

8. AGE 71 Years, 9 Months, 14 Days

9. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

10. BIRTHPLACE (State or Country) Ireland

11. NAME OF FATHER John A. Wolfe

12. BIRTHPLACE OF FATHER (State or Country) Ireland

13. MAIDEN NAME OF MOTHER Honora Buckley

14. BIRTHPLACE OF MOTHER (State or Country) Ireland

15. OCCUPATION Farmer

17. DATE OF DEATH 1-27-1916
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 1-1915 to Jan 27 1916 that I last saw him alive on Jan 20 1916 and that death occurred on the date stated above, at _____

18. H.R.M. The CAUSE OF DEATH was as follows: Fatty Degeneration of the Heart

(Duration) 120 Days

Contributory Senility (Duration) _____ Days

19. (Signed) M. Scanevan M.D. 1-28-1916 20. (Address) De Witt

21. SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents.

Former or Usual Residence _____ How long at Place of Death? _____ Days

Where was disease contracted, if not at place of death? _____

The Above Stated Personal Particulars Are True to the Best of My Knowledge and Belief

16. (Informant) Mr J. B. Wolfe
(Address) Low Water Iowa

22. PLACE OF BURIAL OR REMOVAL Toronto Cemetery 23. DATE OF BURIAL Jan 29 1916

24. UNDERTAKER L. Balaban 25. ADDRESS Low Water Iowa

State CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.