023- 711

ORIGINAL

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF VITAL STATISTICS
STATE OF IOWA

1 PLACE OF DEATH
County Clinton State Registered No. 758
Township Sharon or Village or
City Clinton No. Mercy Hospital St., Ward
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME John Buckley Wolfe
(a) Residence. No. Lost Nation Ia St., Ward
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 65 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: Mrs. J.B. Wolfe

6 DATE OF BIRTH (month, day, and year): Mar. 10, 1854

7 AGE: Years 69, Months 4, Days 6; 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): Stock & Grain Raising
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ottowa, Illinois

PARENTS

10 NAME OF FATHER: John R. Wolfe
11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland
12 MAIDEN NAME OF MOTHER: Honora Buckley
13 BIRTHPLACE OF MOTHER (city or town) (State or Country): Ireland

14 Informant: Mrs. J. B. Wolfe
(Address): Lost Nation, Iowa.

15 Filed 7/17, 1923 F M Howard Registrar
23-14

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 16, 1923.

17 I HEREBY CERTIFY, That I attended deceased from July 8, 1923, to July 16, 1923,
that I last saw him alive on July 16, 1923
and that death occurred, on the date stated above, at ___ m.
THE CAUSE OF DEATH* was as follows:
Carcinoma of Urinary Bladder
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) M. E. Jordan M. D.
, 19 (Address) Clinton, Ia.

*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. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Toronto Catholic Ce.
DATE OF BURIAL: 7/11/23
20 UNDERTAKER: V. H. Balster
ADDRESS: Lost Nation

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. See instructions on back of certificate.