

TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

ORIGINAL

023-340

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF VITAL STATISTICS
STATE OF IOWA

1 PLACE OF DEATH
 County Chilton State Iowa Registered 326
 Township _____ or Village _____
 City Chilton No. 437-7 ave St. 3rd Ward _____
 (If death occurred in a hospital or institution, give its name instead of street and number)
 2 FULL NAME Patrick Bernard Woelfe
 (a) Residence. No. 437-7 ave St. 3rd Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 3 1/2 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 Margaret G. Woelfe

6 DATE OF BIRTH (month, day, and year) Oct 7, 1848

7 AGE Years 73 Months 8 Days 4 If less than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Attorney at Law
 (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) Chicago, Ill

10 NAME OF FATHER John R. Woelfe

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Buckley

13 BIRTHPLACE OF MOTHER (city or town) (State or Country) Ireland

11 Informant John L. Woelfe
 (Address) 612-S 8th St., Chilton, Ia.

15 Filed Jan 13, 1922 F. M. Horan Registrar
23-12

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/11 1922

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1922, to June 11, 1922
 that I last saw him alive on June 11, 1922
 and that death occurred, on the date stated above, at 1:50 P m.
 THE CAUSE OF DEATH* was as follows:

Acute dilatation of heart.
Interstitial nephritis
 (duration) yrs. mos. ds.

CONTRIBUTORY: Arterio Sclerosis
 (Secondary) (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? Culture
 (Signed) J. M. DeLaney, M. D.
6/11, 1922 (Address) Chilton 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 Cavalry DATE OF BURIAL June 14 1922

20 UNDERTAKER S. M. DeLaney ADDRESS 217-6th