

IOWA STATE DEPARTMENT OF HEALTH
Division of Vital Statistics

State Office No.
23 - 4 - 95

Certificate of Death

1. PLACE OF DEATH:
 (a) County CLINTON Township BLOOMFIELD
 (b) City or Town DELMAR (RURAL)
 (If outside city or town write RURAL NEAR and give town)
 (c) Hospital or Institution: Name and Street Address NONE
 (d) Length of stay in Hospital or Inst. (yrs., mos. and days) NONE

2. USUAL RESIDENCE (HOME) OF DECEASED:
 For newborn infant give residence of mother
 (a) State IOWA (b) County CLINTON
 (c) City or town DELMAR (RURAL)
 (If outside city or town limits write RURAL NEAR and give town)
 (d) Street No. 1 1/2 MILES S.W. OF DELMAR
 (If rural give LOCATION)
 (e) Citizen of foreign country? NO (yes or no)
 If yes, name of country _____

In this community (yrs., mos. and days) 16 YEARS
 Do not include length of stay at usual home

3. (a) FULL NAME RAYMOND BERNARD WOLFE **3. (c) Social Security Account Number** NONE

4. Sex MALE **5. Color or Race** WHITE **6. (a) Single, married, widowed or divorced** MARRIED

6. (b) Name of husband or wife GLADYS MCGINN WOLFE **6. (c) If alive, give age** 38 years

7. Birth date of deceased (mo., day, yr.) OCTOBER 27 1896

8. Age	Years	Months	Days	If less than 1 day
	<u>44</u>	<u>11</u>	<u>17</u>	hrs. min.

9. Birthplace POST NATION, IOWA (RURAL)
(Town, county, and state or foreign country)

10. Usual Occupation FARMER

11. Industry or business FARMING

12. Name MARGARET WOLFE

13. Birthplace POST NATION, IOWA
(City, town or county) (State or foreign country)

14. Name SARAH Mc ANDREWS

15. Birthplace POST NATION, IOWA
(City, town or county) (State or foreign country)

16. (a) Informant's own signature Mrs Gladys Wolfe
(b) Address Delmar Iowa

17. (a) BURIAL **(b) Date thereof** 9-11-41
 Burial, cremation, or removal (specify) (Month) (Day) (Year)
(c) Place of burial or cremation S.T. PATRICK'S CHURCH
 Location DELMAR, IOWA

18. (a) Signature Louis J. Tottel
(b) Address Delmar Iowa **(c) License No.** 2960

19. Signature J. P. Foley **District** 23-7
Date received Sept. 11-1941 **Filed No.** 58

20. DATE OF DEATH SEPTEMBER 9, 1941, at 9:15 A.M.
 (Month, WRITE OUT) (Day) (time)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 15 1941 to Sept. 9 1941, and that I saw him alive on Sept 9 1941.

Immediate cause of death Cancer of chest wall **DURATION** 2 years.

Due to _____

Other conditions Probably Metastasis **3 mo.**

OPERATION: Date of Roberts June 1940?

Of operation Carcinoma of Chest wall

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) _____ **(b) Date of** _____
 (Accident, suicide or homicide)

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Injured at home, farm, industry, public place (where?) _____

(e) Injured at work? (Yes or no) _____

(f) Means of injury _____

(g) Nature of injury _____

23. (a) Signature John W. Jordan M.D. **(M. D. or other)**
(b) Address Proctor, Iowa
(c) Date signed Sept 10, 1941

Local Registrar J. P. Foley **District** 23-7
Date received Sept. 11-1941 **Filed No.** 58

Funeral Director Louis J. Tottel
Address Delmar Iowa **License No.** 2960

Major Findings Probable Metastasis

Physician John W. Jordan M.D.
Please underline the cause to which the death should be ascribed

Accident, Suicide or Homicide

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Event Type	Name	Sex	Age	Death Date	Death Place	Birth Year (Estimated)	Fat
Death	Raymond Bernard Wolfe	Male	44	9 Sep 1941	Delmar, Clinton, Iowa, United States	1897	Mauri