

STATE OF NEBRASKA

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DATE OF ISSUANCE  
5/22/2012  
LINCOLN, NEBRASKA

*Stanley S. Cooper*  
STANLEY S. COOPER  
ASSISTANT STATE REGISTRAR  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Form 215

### CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF HEALTH  
DIVISION OF VITAL STATISTICS

1 PLACE OF DEATH **Douglas Co.** State **Nebraska** Registered No. **47531**

Towaship **480** or Village \_\_\_\_\_ or  
City **Omaha** No. **Swedish Mission Hospital** Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give the name and ward.)

2 FULL NAME **James M. Wolfe**

(a) Residence No. **2521 Bristol** St. \_\_\_\_\_ Ward \_\_\_\_\_ (If non-resident give city or town and state)  
Length of residence in city or town where death occurred: **3** yrs. **0** mos. **0** ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3 SEX <b>Male</b>	4 Color or Race <b>White</b>	5 Single, Married, Widowed, or Divorced (Write the word) <b>Married</b>	6 DATE OF DEATH (Month, day, and year) <b>Nov. 4, 1921</b>	17 I HEREBY CERTIFY, That I attended deceased from <b>Oct. 26, 21</b> to <b>Nov. 4, 1921</b> .			
5a If Married, Widowed, or Divorced HUSBAND of (or) WIFE of <b>Mrs. James M. Wolfe</b>			17 that I last saw him/her on <b>Nov. 4, 1921</b> and that death occurred, on the date stated above, at <b>7:30 pm</b> . The CAUSE OF DEATH was as follows: <b>Apoplexy</b>				
7 AGE Years Months Days <b>70 3 8</b> If less than 1 day, _____ hrs. or _____ min.			17 (duration) yrs. mos. ds.				
8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <b>retired</b>			CONTRIBUTORY Arterio Sclerosis (Secondary) (duration) yrs. mos. ds.				
(b) General nature of industry, business, or establishment in which employed for employer			14 Where Was Disease Contracted (If Not at Place of Death)				
(c) Name of employer			Did an Operation Precede Death? <b>Yes</b> Date of _____ Was There an Autopsy? <b>No</b>				
9 BIRTHPLACE (City or town) <b>Monticello</b> (State or country) <b>Mo.</b>			What Test Confirmed Diagnosis? (Signed) <i>[Signature]</i> M. D. <b>Nov. 5, 1921</b> Address <b>Omaha</b>				
PARENTS	10 NAME OF FATHER <b>John Wolfe</b>			*State the disease causing death, or in deaths from violent causes, state (1) nature and nature of injury, and (2) whether accidental, homicidal, or suicidal. (See reverse side for additional space.)			
	11 BIRTHPLACE OF FATHER (City or town) (State or country) <b>Ireland</b>			19 Place of Burial, Cremation, or Removal <b>Burlington R.R. to Langdon, Mo., Tarkio Mo., Nov. 7, 21.</b>			
	12 MAIDEN NAME OF MOTHER <b>Mary Derbin</b>			20 Undertaker <b>CROSEY &amp; MOORE</b> Address <b>24 &amp; Wirt St.</b>			
13 BIRTHPLACE OF MOTHER (City or town) (State or country) <b>Illinois</b>							
14 Signature <b>J. M. Ord</b> (Date) <b>2521 Bristol St., Omaha</b> Registrar							