

1. PLACE OF DEATH.

Registration

County of GrundyDist. No. 3/3

STATE OF ILLINOIS ORIGINAL

HENRY HORNER, GOVERNOR

Department of Public Health - Division of Vital Statistics

CERTIFICATE OF DEATH

Registered No. 80

(Consecutive No.)

Street and Number, No. Morris St. Morris Ward. (If death occurred in a hospital or institution, give its NAME instead of street and number.)LENGTH OF TIME AT PLACE WHERE DEATH OCCURRED? - yrs. - mos. 4 ds.1a. PLACE OF RESIDENCE: STATE Illinois County Grundy Township Morris Road Dist. Morris
(Usual place of abode) Morris Street and Number 403 E. Main St.410
2. FULL NAME Ran C. Wolfe

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Phoebé Wolfe6. DATE OF BIRTH (month, day, and year) Sept 1st 19087. AGE Years 50 Months 2 Days 20 IF LESS than 1 day, of hrs. min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck Driver10. Date deceased last worked at this occupation (month and year) 1945 11. Total time (years) spent in this occupation 12 yrs12. BIRTHPLACE (city or town) Irma (State or country) Ill.13. NAME Daniel Wolfe14. BIRTHPLACE (city or town) Wickliffe (State or country) Ohio15. MAIDEN NAME Rachel Kinney16. BIRTHPLACE (city or town) Wickliffe (State or country) Ohio17. INFORMANT Phoebé Wolfe (personal signature with pen and ink)P. O. Address Morris Ill18. PLACE OF BURIAL, Cremation or Removal Cemetery McCaswell 19. DATE Nov 23 1958Location Morris (Township, Road Dist., Village or City)County Grundy State Ill20. UNDERTAKER (J. H.) Rogerson ADDRESS Morris Ill

(personal signature with pen and ink)

(firm name, if any)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov 21 195822. I HEREBY CERTIFY, That I attended deceased from Oct. 15 1958 to Nov. 21 1958I last saw him alive on Nov 21 1958; death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart Disease
Pulmonary tuberculosis

Date of onset

19381938

Other contributory causes of importance:

Chronic glomerulonephritis23. Was an operation performed? no Date of

For what disease or injury?

Was there an autopsy? noWhat test confirmed diagnosis? Clinical + lab. findings24. If a communicable disease; where contracted? unknown

Was disease in any way related to occupation of deceased?

If so, specify how:

(Signed) John B. Roth M. D.Address Morris, Ill.Date Nov. 23 1958 Telephone 6805

*N. B.—State the disease causing death. All cases of death from "violence, casualty, or any undue means" must be referred to the coroner. See Section 10 Coroner's Act.

25. Filed Nov 23 1958 Registrar John B. RothP. O. Address Morris Ill.26. Has decedent ever served in military or naval service of U. S.? no