

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**  
 County \_\_\_\_\_ State \_\_\_\_\_ Registered No. \_\_\_\_\_  
 Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City **Omaha** (If death occurred in a hospital or institution, give the name thereof and locality)

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. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 14 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> , and 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>			
5a If Married, Widowed, or Divorced HUSBAND of (or) WIFE of <b>Mrs. James M. Wolfe</b>			18 CONTRIBUTORY Arterio Sclerosis (Secondary) _____ (duration) yrs. mos. da.				
6 DATE OF BIRTH (Month, day, and year) <b>July 26, 1851</b>			19 Where Was Disease Contracted (If Not at Place of Death) _____				
7 AGE Years <b>70</b> Months <b>3</b> Days <b>8</b>	8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <b>retired</b>		20 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>			21 What Test Confirmed Diagnosis? (Signed) <i>[Signature]</i> M. D. <b>Nov. 5, 1921</b> (Address) <b>Omaha</b>				
10 NAME OF FATHER <b>John Wolfe</b>			22 Place of Burial, Cremation, or Removal (Give Street Address) <b>Burlington R.R. to Langdon, Mo., Tarkio Mo., Nov. 7, 21.</b>				
11 BIRTHPLACE OF FATHER (City or town) (State or country) <b>Ireland</b>			23 Under-taker <b>CROSBY &amp; MOORE</b> Address <b>24 &amp; Wirt St.</b>				
12 MAIDEN NAME OF MOTHER <b>Mary Derbin</b>			14 (Signature) <i>[Signature]</i> Registrar				
13 BIRTHPLACE OF MOTHER (City or town) (State or country) <b>Illinois</b>			15 (Address) <b>2521 Bristol St., Omaha.</b>				