MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22001

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph, (No. 2901 Edmond St. Ward)

File No.
Registered No. 672

2. FULL NAME Sarah E. Wylie,

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florenus A. Wylie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1860

7. AGE: Years 71 | Months 11 | Days 21 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,
10. Date deceased last worked at this occupation (month and year) July 1930
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peoria, Illinois,
13. NAME Henry A. Fink,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Pennsylvania,
15. MAIDEN NAME Unknown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Pennsylvania,

INFORMANT Frank C. Wylie
(ADDRESS) 2901 Edmond Street.

BURIAL, CREMATION, OR REMOVAL
PLACE Falls City, Nebr. July 13, 1932

UNDERTAKER Heaton & Gale & Bowman
(ADDRESS) 319 S. 10th St. Funeral Home

FILED JUL 12 1932 John R. Bender Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1931, to July 11, 1932
I last saw her alive on July 10, 1932. Death is said to have occurred on the date stated above, at 3:35 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis (Repeated attacks at least 3 in all)	3/8/31
Other contributory causes of importance: Arteriosclerosis - general	Unknown

Name of operation None Date of
What test confirmed diagnosis? Clinical Course Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Clarence A. Grad, M. D.
(Address) St. Joseph Mo

[illegible]

[illegible]

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