

APR 25 1936

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

Do not use this space.

12363

## 1. PLACE OF DEATH

County St. Louis  
Township Clayton  
City Clayton

Registration District No. 790  
Primary Registration District No. 60332  
(No. St. Louis Co. Hosp)

File No. ....  
Registered No. 118  
St. .... Ward)

## 2. FULL NAME

(a) Residence, No. 7087 Devonshire, Shrewsbury Mo. Ward .....  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>THOMAS WYCOFF</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>APR 18 1870</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>11</u>
	DAYS <u>7</u>	If LESS than 1 day, ..... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN).....  
(STATE OR COUNTRY) CORINGTON KY13. NAME ? KITSINGER14. BIRTHPLACE (CITY OR TOWN).....  
(STATE OR COUNTRY) unknown15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN).....  
(STATE OR COUNTRY) unknown17. INFORMANT THOMAS WYCOFF  
(ADDRESS) 7407 DEVONSHIRE, SHREWSBURY MO18. BURIAL, CREMATION, OR REMOVAL  
PLACE ST TRINITY DATE MAR 28 193619. UNDERTAKER JAY SMITH FUNERAL HOME  
(ADDRESS) 7226 MANCHESTER, MAPLEWOOD MO20. FILED 3/26 1936 D.R. Seymour  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/25/36 1922. I HEREBY CERTIFY, That I attended deceased from 3/1/36 19 to 3/25/36 19I last saw her alive on 3/25/36 19. Death is saidto have occurred on the date stated above, at 3:50 p.m.

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

Lytic Heart Disease

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?

If so, specify.....

(Signed) Frank W. Sawyer....., M. D.(Address) St. Louis Co. Hosp  
Clayton Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

