

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1330 MAY 31 1939
699

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph, Mo.

Registration District No. 85

Primary Registration District No. 001

File No. 14246

Registered No. 367

St. St. Joseph Ward #2

2. FULL NAME

James Franklin Wylie

(a) Residence, No. St. Joseph, Mo.

(Usual place of abode)

Ward #2

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 8

mos. 23

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

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

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

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

Aug. 7, 1878

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

60

7

28

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

funeral director

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)

June 1938

11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

(Ind.) Ill.

13. NAME

B. F. Wylie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

(Ind.) Ill.

15. MAIDEN NAME

Mary Ann Dunn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

(Ind.) Ill.

17. INFORMANT (ADDRESS)

Willie Wylie, 14 Lenox Place, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Louis, Mo. DATE April 6, 1939

19. UNDERTAKER (ADDRESS)

Barry-Wylie Funeral Home, 218 South 10th St.

20. FILED

4-6

1939

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Apr. 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from

July 13, 1928, to July 5, 1939

I last saw him alive on July 2, 1938 Death is said

to have occurred on the date stated above, at 5:10 P.M.

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

Cerebral arteriosclerosis with left side hemiplegia from cerebral thrombosis July 2, 1938

Other contributory causes of importance:

Convulsions

Name of operation none

Date of 4/6/39

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no

Where did injury occur? no

(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)

W. J. O'Reilly M. D.

(Address)

St. Joseph, Mo.

Statement by licensed embalmer

I hereby certify that the body whose name is recorded
on the reverse side of this certificate was embalmed by me

D. E. Ryan.

Signed

D. E. Ryan

Licensed embalmer No.

3613

P.O.

St. Joseph, Mo.