

2168

Form V. S. 1-25m-3-2-22

COMMONWEALTH OF MASSACHUSETTS
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____
Registered No. _____

1 PLACE OF DEATH

County Worcester

Vot. Pct. Bush Creek

Registration District No. 7092

Inc. Town _____

Primary Registration District No. 6725

City _____

(No. _____ St. _____ Ward _____)

2 FULL NAME Mr Sarah Jane Wyatt

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE W 5 Single Married Widowed Divorced (Write the word) Widow

10 DATE OF DEATH Jan 30, 1927
(Month) (Day) (Year)

6 DATE OF BIRTH Sept 16, 1893
(Month) (Day) (Year)

7 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1927, to 1927, that I last saw her alive on Jan 30, 1927, and that death occurred on the date stated above at 3:50 P.M.

7 AGE 73 yrs. 4 mos. 14 ds. IF DECEASED IN 1 (day) (hrs.) (mins.)

8 THE CAUSE OF DEATH* was as follows:
Coronary Arteriosclerosis

8 OCCUPATION
(a) Trade, profession or particular kind of work House
(b) General nature of industry, business or establishment in which employed (or employer) _____

(Duration) _____ yrs. _____ mos. 1 da.
Contributory Coronary Arteriosclerosis
(Secondary) _____ (Duration) _____ yrs. _____ mos. 1 1/2 da.

9 BIRTHPLACE (State or country) Centerville, Tenn

(Signed) M. D. [Signature], M. D.
Jan 31, 1927 (Address) Bush Creek, Mass.

10 NAME OF FATHER Noah Wilson

11 BIRTHPLACE OF FATHER (State or country) Missouri

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (State or country) Missouri

*State the Disease Causing Death, or, in death from violent causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

14 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) _____

at place _____ in the _____ State _____ yrs. _____ mos. _____ da.
Where was disease contracted, _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G. S. Wyatt
(Address) Bush Creek, Mass.

If not at place of death? _____
Former or usual residence _____

15 Filled 1-31, 1927 Victor Justin Registrar

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Union Ridge Bk. 1-31, 1927

20 UNDERTAKER ADDRESS
Victor Justin Bush Creek, Mass.

MARGIN RESERVED FOR READING

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. Fact statement of OCCUPATION is very important. See instructions on back of certificate.

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