

ORIGINAL

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF VITAL STATISTICS  
STATE OF IOWA

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

1 PLACE OF DEATH  
 County Clinton State \_\_\_\_\_ Registered No. \_\_\_\_\_  
 Township Sharon or Village \_\_\_\_\_  
 City Last Nelson No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Sarah Anna Wolfe  
 (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 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) Married

5a If married, widowed, or divorced  
 HUSBAND of Morris Wolfe  
 (or) WIFE of \_\_\_\_\_

6 DATE OF BIRTH (month, day, and year)  
 7 AGE Years 52 Months \_\_\_\_\_ Days \_\_\_\_\_  
 If less than 1 day, \_\_\_ hrs. or \_\_\_ min.

8 OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer \_\_\_\_\_

9 BIRTHPLACE (city or town) Clinton Co Iowa  
 (State or country)

10 NAME OF FATHER Philip McAndrews  
 11 BIRTHPLACE OF FATHER (city or town) Ireland  
 (State or country)

12 MAIDEN NAME OF MOTHER Bridget Caulfield  
 13 BIRTHPLACE OF MOTHER (city or town) Ireland  
 (State or Country)

14 Informant Anthony McAndrews  
 (Address) Last Nelson Iowa

15 Filed \_\_\_\_\_, 19\_\_\_\_ Registrar \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 22 1922

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1922, to Oct 22, 1922  
 that I last saw her alive on Oct 21, 1922,  
 and that death occurred, on the date stated above, at 8 P. m.  
 THE CAUSE OF DEATH\* was as follows:  
Chronic Brights

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY Nephemia  
 (Secondary) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted  
 if not at place of death? \_\_\_\_\_  
 Did an operation precede death? no Date of \_\_\_\_\_  
 Was there an autopsy? no  
 What test confirmed diagnosis? Thrombocytopenia  
 (Signed) Geo. C. Ryan, M. D.  
 \_\_\_\_\_, 19\_\_\_\_ (Address) Last Nelson Iowa

\*State the disease causing death, or in deaths from violent causes, state (1) means and nature of injury, and (2) whether accidental, suicidal, or homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Toronto Cemetery DATE OF BURIAL Oct 25 1922

20 UNDERTAKER J. H. Bulster ADDRESS Last Nelson