

## 1. PLACE OF DEATH

County of YorkTownship of Broad RiverCity of Hickory Grove

## Standard Certificate of Death

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3256

Registration District No. 4402

(No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registered No. 4

(For use of Local Registrar.)

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

Residence—  
In City \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_ Days \_\_\_\_\_2. FULL NAME Margaret Isabelle Wylie

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Widowed5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of J.H. Wylie6. DATE OF BIRTH (Month, day, and year) Aug. 26th, 18597. AGE  
Years 71 Months 5 Days 10  
If less than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home10. Date deceased last worked at this occupation (month and year) Dec. 1930 11. Total time (years) spent in this occupation. 5012. BIRTHPLACE (city or town)  
(State or country) York County, S.C.

MOTHER FATHER

13. NAME Calvin Whisonant14. BIRTHPLACE (city or town)  
(State or country) York County, S.C.15. MAIDEN NAME Isabelle Whitesides16. BIRTHPLACE (city or town)  
(State or country) York County, S.C.17. INFORMANT Mrs. W.F. McGill,

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 6th, 193122. I HEREBY CERTIFY, That I attended deceased from July, 1930 to Feb 6, 1931I last saw him alive on Feb 6, 1931, death is said to have occurred on the date stated above, at 6 P. m.

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

Carcinoma of bowels

Date of onset

Contributory causes of importance not related to principal cause: nothingName of operation none Date of \_\_\_\_\_What test confirmed diagnosis? none 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, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

CAUSE OF DEATH in plain terms, so that it may be properly classified. INSTRUCTIONS on back of certificate.

FULL NAME Mrs. Isabelle Wylie

In City \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_ Day \_\_\_\_\_

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 J.H. Wylie

6. DATE OF BIRTH (Month, day, and year) Aug. 26th, 1859

7. AGE Years 71 Months 5 Days 10 If less than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home  
10. Date deceased last worked at this occupation (month and year) Dec. 1930 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) York County, S.C.

13. NAME Calvin Whisonant

14. BIRTHPLACE (city or town) (State or country) York County, S.C.

15. MAIDEN NAME Isabelle Whitesides

16. BIRTHPLACE (city or town) (State or country) York County, S.C.

17. INFORMANT Mrs. W.F. McGill (Address) Hickory Grove, S.C.

18. BURIAL PLACE Hickory Grove Date Feb. 8th, 1931

19. UNDERTAKER J.M. Wilkerson (Address) Hickory Grove, S.C.

20. FILED Feb 10, 1931 J.M. Wilkerson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 6th, 1931

22. I HEREBY CERTIFY, That I attended deceased from July, 1930, to Feb 6, 1931. I last saw him alive on Feb 6, 1931, death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance in order of onset were as follows: Carcinoma of bowels

Contributory causes of importance not related to principal cause: not

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? none 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, 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) D. N. Miller M.  
(Address) Hickory Grove S.C.

JG

LAUDERDALE

3902

REPRODUCED FROM MICROFILM IN  
SOUTH CAROLINA DEPARTMENT OF ARCHIVES AND HISTORY  
COLUMBIA, S. C.

DHEC DEATH Certificate

# 3256

Feb 6 1931 YORK County