

County of Wessex  
 Town of Wheatfield  
 or Village of Wheatfield  
 or City of Wheatfield

Department of Health - Bureau of Vital Statistics

FOR GENEALOGICAL RESEARCH ONLY  
 CERTIFICATE AND RECORD OF DEATH

Registered No. \_\_\_\_\_

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

Full Name of Deceased Fredena Wesley  
 (If an infant not named give family name.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

PLACE OF DEATH

Wheatfield N.Y.

DATE OF DEATH

Oct 2 1909  
 MONTH DAY YEAR

HOW LONG RESIDENT HERE

60 years

(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information.")

AGE

78 years 6 months 6 days

SEX

Female

COLOR

white

SINGLE, MARRIED, WIDOWED OR DIVORCED

widowed

OCCUPATION

Retired

BIRTHPLACE STATE OR COUNTRY

Germany

NAME OF FATHER

Fredrich Wesphal

BIRTHPLACE OF FATHER STATE OR COUNTRY

Germany

MAIDEN NAME OF MOTHER

Fredena Gago

BIRTHPLACE OF MOTHER STATE OR COUNTRY

Germany

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Fredena Wesley

(Address) Wheatfield N.Y.

I HEREBY CERTIFY, that I attended deceased from Dr. Coomes 1909 to Oct 2 1909 and that death occurred on the date stated above at 7 A.M. To the best of my knowledge and belief the cause of death was as follows:

CHIEF CAUSE

Heart Lesion

CONTRIBUTORY

Senility

(Signed) R. J. Hutton M. D.

Oct 2 1909 (Address) Wheatfield

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recruit Residents.

Former or Usual Residence

How long at Place of Death? \_\_\_\_\_ Days

Where was disease contracted, if not at place of death?

PLACE OF BURIAL OR REMOVAL

Wheatfield

DATE OF BURIAL

10-6 1909

UNDERTAKER

Wheatfield

ADDRESS

Write plainly with unfading ink - This is a permanent record