

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

Do not use this space.

13610

APR 27 1936

1. PLACE OF DEATH
 County Saline Registration District No. 796
 Township _____ Primary Registration District No. 3038
 City Marshall (No. 531 E. Eastwood) St. _____ Ward _____

2. FULL NAME Jacob Van Dyke
 (a) Residence, No. 531 East Eastwood 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 Male 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 Rachel Shepherd Van Dyke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1843

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	92	9	II	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance

10. Date deceased last worked at this occupation (month and year) 1926 11. Total time (years) spent in this occupation 60 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princeton New Jersey

13. NAME Matthew Van Dyke

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

15. MAIDEN NAME Anna Louisa Napton

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

17. INFORMANT L. V. Van Dyke
 (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Ridge Park Cem. DATE March 4 1936

19. UNDERTAKER P. W. Campbell
 (ADDRESS) Marshall, Mo.

20. FILED Mar. 4 1936 Richard H. Weston
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3 1936

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1934, to March 3, 1936.
 I first saw him alive on March 3, 1936 Death is said to have occurred on the date stated above, at 3³⁰ a. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage (apoplexy) Date of onset _____

Other contributory causes of importance:
Hypertension

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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, 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) John R. Lawrence, M. D.
 (Address) Marshall, Mo

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.

MEMORANDUM FOR THE DIRECTOR

RE: [Illegible text]

DATE: [Illegible text]

MEMORANDUM FOR THE DIRECTOR

RE: [Illegible text]

DATE: [Illegible text]

TO: [Illegible text]

FROM: [Illegible text]

SUBJECT: [Illegible text]

REFERENCE: [Illegible text]

ACTION: [Illegible text]

REMARKS: [Illegible text]

APPROVED: [Illegible text]

SPECIAL AGENT IN CHARGE

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]