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

Do not use this space.

12975

1. PLACE OF DEATH

County Greene — Registration District No. 320 — File No. 13

Township Center — Primary Registration District No. 5443 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME James Henry Dyke

(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? 92 yrs. 10 mos. 10 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	WIDOWER

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) ✓

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	92	10	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work RETIRED FARMER
(b) General nature of industry, business, or establishment in which employed (or employer) USUAL
(c) Name of employer ✓

9. BIRTHPLACE (CITY OR TOWN) GREENVILLE TENN
(STATE OR COUNTRY) TENNESSEE

PARENTS

10. NAME OF FATHER HENRY DYKE
11. BIRTHPLACE OF FATHER (CITY OR TOWN) GREENE Co
(STATE OR COUNTRY) TENNESSEE
12. MAIDEN NAME OF MOTHER ELLA CHAMBERS
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) —
(STATE OR COUNTRY) TENNESSEE

14. INFORMANT Mary Dyke
(Address) RD Bois D'Arc Mo

15. FILED 5/20, 1928 Lucy Hoyal
REGISTRAR

MEDICAL CERTIFICATE OF DEATH ✓

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 — 2 — 1928

17. I HEREBY CERTIFY, That I attended deceased from 3-30, 1928, to 4 — 2 —, 1928 that I last saw him alive on 4 — 2 —, 1928, and that death occurred, on the date stated above, at 11.50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
BRONCHITIS
106 T
16 V
(duration) ✓ yrs. ✓ mos. 4 ds.

CONTRIBUTORY (SECONDARY)
Senility (duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at P.O.D.
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Usual

(Signed) B F Windle, M.D
4/21, 1928 (Address) Bois D'Arc Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
National Cem Springfield Mo	4/6/1928
20. UNDERTAKER	ADDRESS
Redfearn & Hoyal	Bois D'Arc

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ...

MISSOURI STATE BOARD OF HEALTH
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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Greene — Registration District No. 320 — File No. 13
Township Center — Primary Registration District No. 5443 — Registered No. .....
City ..... (No. ..... St. ..... Ward)

2. FULL NAME James Henry Dyke
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M	W	W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-22 1835

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
92	10	10	

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY)

14. INFORMANT .....
(Address)

15. FILED 5/20, 1928 Lucy E Hoyal REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-2-1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

.....
.....
.....
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) ....., M. D
, 19 (Address)

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL 19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

N. B.—E... item of information should ... applied. AGE ... ATION is very important.
CAUSE OF DEATH in plain terms, so ... properly classified. Exact
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-12[illegible]