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

Do not use this space.

36096

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 100 — Registered No. 1273

City St. Joseph, (No. Dr. Byrd's Sanitarium, Karnes Rd. Ward)

2. FULL NAME Alan Zook Van Natta

(a) Residence. No. 1307 Ashland Ave. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. 11 mos. 28 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): Married,

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie Belle Van Natta,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 11th. 1882

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
45	11	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Wholesale Drug Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Retired,

(c) Name of employer Self,

9. BIRTHPLACE (CITY OR TOWN) Saint Joseph, (STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Thomas Fraley Van Natta

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Shelbyville, (STATE OR COUNTRY) Kentucky,

12. MAIDEN NAME OF MOTHER Mary Delia Zook,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Forest City, (STATE OR COUNTRY) Missouri,

14. INFORMANT Mrs. T. F. Van Natta (Address) 1307 Ashland Avenue,

15. FILED 1929 John G. Gotts REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 9" 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1" 1928, to Nov 9" 1928 that I last saw him alive on Nov. 7" 1928 and that death occurred, on the date stated above, at 11:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Haemorrhage

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) General Paresis

(duration) 3 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?

(Signed) Chas. F. Byrd, M. D

Nov 9, 1928 (Address) Karnes Road

*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: Mount Mora (Vault) Cem. — DATE OF BURIAL: Nov. 12th. 1928

20. UNDERTAKER: Heaton-BeGole & Bowman — ADDRESS: 319 S. 10th St. Funeral Home

N. B.—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.

[illegible]

St. Joseph,   Dr. Byrd's Sanitarium, Kansas [illegible]

[illegible]

[illegible]   [illegible]   [illegible]

Garrit Nelle Van Vlete,

Nov. 11th. [illegible]

[illegible]

Wholesale Drug Merchant

Retired,

Self,

Saint Joseph,

[illegible]

[illegible]

1827 Ashland avenue,   Mount Mora (Vault) Cem.   Nov. 12th. [illegible]