WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

AUG 22 1932

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

Do not use this space.

22045

1. PLACE OF DEATH
County Buchanan Registration District No. 85 File No.
Township Washington Primary Registration District No. 1001 Registered No. 718
City St Joseph (No. Mo Methodist Hosp St. Ward)

2. FULL NAME David Snow Van Sickle
(a) Residence, No. 1851 Clay St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Angeline Van Sickle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9 1863
7. AGE YEARS 69 MONTHS 4 DAYS 13 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nave McCord Merc Co
10. Date deceased last worked at this occupation (month and year) 1929
11. Total time (years) spent in this occupation 18 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Town Indiana

FATHER
13. NAME David Van Sickle Sr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana

17. INFORMANT (ADDRESS) Andrew Van Sickle 2606 So. 23rd
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Auburn Cem DATE July 25 1932
19. UNDERTAKER (ADDRESS) E. R. Sidenfaden 602 So. 10th St.
20. FILED 7-24 1932 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1932
22. I HEREBY CERTIFY, That I attended deceased from July 20 1932, to July 22, 1932
I last saw him alive on July 22, 1932. Death is said to have occurred on the date stated above, at 3:45 P.m.
The principal cause of death and related causes of importance were as follows:
Myocarditis Chronic — Date of onset 2 yrs ago
Other contributory causes of importance:
Arterio Sclerosis general
Arterio Sclerotic Nephritis
Name of operation None Date of
What test confirmed diagnosis Signs & Symptoms were an autopsy? No

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) Clarence A Good, M. D.
(Address) St Joseph Mo