

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

Do not use this space.

39662

1. PLACE OF DEATH

County Jackson
Township Maneas
City Maneas No. 138 Duncan

Registration District No. 389
Primary Registration District No. 1003

File No. _____
Registered No. 4668
St. _____ Ward _____

2. FULL NAME

Alfred Van Denbulke
(a) Residence, No. 138 Duncan St., 9 Ward.

(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bertha Van Denbulke</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1/1/1880</u>		
7. AGE	YEARS <u>50</u>	MONTHS <u>unknown</u>
	DAYS <u>unknown</u>	IF LESS THAN 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>labor</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>237</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Oeselham Belgium</u>	
FATHER	13. NAME <u>Daniel Van Denbulke</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oeselham Belgium</u>	
MOTHER	15. MAIDEN NAME <u>Sylvia Demaught</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montion Belgium</u>	
17. INFORMANT <u>M. Miller</u> (ADDRESS) <u>A. E. No.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Marys Cem</u> DATE <u>Dec 10 1932</u>		
19. UNDERTAKER <u>H. Tigerman & Sons</u> (ADDRESS) <u>27380 80 street</u>		
20. FILED <u>12/9 1932</u> <u>M. M. Crowe</u> <u>asst Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/7/32 1932
I last saw h. deputy coroner alive on 12/7/32 1932. Death is said to have occurred on the date stated above, at 167 m.

The principal cause of death and related causes of importance were as follows:
Guy shot wound of chest

Other contributory causes of importance:
none

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury _____, 1932
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) C. D. Leitch M. D.
(Address) Maneas

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.

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