

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

Do not use this space.

42818

1. PLACE OF DEATH

100 County Scott
Township Moreland
City Waverly

Registration District No. 814
Primary Registration District No. 6063

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

2. FULL NAME

Barbra Flora Vandike

(a) Residence. No. _____ St. _____ Ward. 5
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 James Vandike

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-19-1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
75 2 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home of son
(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) Missouri Co Mo

10. NAME OF FATHER Louis Martin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Laura Hayes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Don't know

14. INFORMANT Chas. Vandike (Address) Benton Mo

15. FILED 1/4, 1933, U.P. Haw REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-29-1932

17. I HEREBY CERTIFY, That I attended deceased from Dec-17, 1932, to Dec-26, 1932 that I last saw her alive on Dec-17, 1932, and that death occurred, on the date stated above, at 1 P.m. - 12/29/32

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy

CONTRIBUTORY (SECONDARY) 814 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED ①

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

WAS THERE AN AUTOPSY: _____

WHAT TEST CONFIRMED DIAGNOSIS: _____

(Signed) A. J. Blackledge, M. D. (Address) Commerce 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 Pallard Cemetery DATE OF BURIAL 12-30 1932

20. UNDERTAKER Blodgett Mue Co ADDRESS Blodgett

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.

