

MAY 21 1935

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

Do not use this space.

11880

## 1. PLACE OF DEATH

County Dexter  
Township Lamas  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 40  
Primary Registration District No. 5058

File No. \_\_\_\_\_  
Registered No. 22

## 2. FULL NAME

Walter Arthur Van DeMark

(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 5 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

|   |   |   |
|---|---|---|
| 3. SEX<br><u>Male</u>   | 4. COLOR OR RACE<br><u>White</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Verda Van DeMark</u> |   |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>Dec 20 - 1887</u>                         |   |   |
| 7. AGE  | YEARS<br><u>52</u>  | MONTHS<br><u>3</u>  |
|   | DAYS<br><u>21</u>   | IF LESS than 1 day, _____ hrs. or _____ min.                                |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.         |   |
|   | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>Farmer</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)<br><u>Near Lamas mo.</u>               |   |   |
| FATHER  | 13. NAME<br><u>Arthur B. Van DeMark</u>   |   |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>N. Y.</u>                                    |   |
| MOTHER  | 15. MAIDEN NAME<br><u>Sarah E. Osterhaus</u>  |   |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Penn.</u>                                    |   |
| 17. INFORMANT (ADDRESS)<br><u>Verda Van DeMark, Lamas mo.</u>                           |   |   |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE<br><u>Lace, cemetery Apr. 13th 1935</u>         |   |   |
| 19. UNDERTAKER (ADDRESS)<br><u>A. J. Myratt, Lamas mo.</u>                              |   |   |
| 20. FILED <u>4/12</u> 1935 <u>A. J. Myratt</u> Registrar                                |   |   |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 11th 1935  
22. I HEREBY CERTIFY, That I attended deceased from Apr. 5 1935 to Apr 11 1935  
I last saw him alive on Apr. 11 1935 Death is said to have occurred on the date stated above, at 2:50 p.m.

The principal cause of death and related causes of importance were as follows:

Branchio-Pneumonia Date of onset Apr 7

Other contributory causes of importance:

Influenza

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) C. E. Dockett, M. D.(Address) Lamas mo

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.

