

AUG 22 1935

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

Do not use this space.

25368

1. PLACE OF DEATH

County Vernon
Township Boage
City Horton (No. _____ St. _____ Ward _____)

Registration District No. 871
Primary Registration District No. 6155

File No. _____
Registered No. 5

2. FULL NAME

Myrtle Van Dyke

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 23 - 1909</u>		
7. AGE	YEARS	MONTHS
	<u>26</u>	<u>4</u>
		DAYS
		<u>8</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>at Home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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>Kansas</u>		
FATHER	13. NAME <u>Walter W. Van Dyke</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Louisa Cooper</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>E. D. Van Dyke Horton Mo.</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Green Lawn</u> DATE <u>7-3-</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Paid + Reppley Red Hill Mo.</u>		
20. FILED <u>July 3</u> 19 <u>35</u> <u>C. H. Musser, M. D.</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>July 1</u> , 19 <u>35</u>
22. I HEREBY CERTIFY, that I attended deceased from <u>July 1</u> , 19 <u>35</u> , to <u>July 1</u> , 19 <u>35</u> . I last saw her alive on <u>July 1</u> , 19 <u>35</u> . Death is said to have occurred on the date stated above, at <u>8 P. M.</u> The principal cause of death and related causes of importance were as follows: <u>Syphilis (tertiary)</u> <u>git</u> Other contributory causes of importance: <u>anaphylaxis</u> <u>(cerebral hemorrhage)</u>
Date of onset <u>July 1, 1935</u>
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) <u>J. S. Newton</u> , M. D. (Address) <u>Nevada Mo</u>

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.

