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.

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

Do not use this space.

13610

APR 27 1936

1. PLACE OF DEATH
County: Saline
Township:
City: Marshall (No. 531 E. Eastwood St. Ward)

Registration District No. 796
Primary Registration District No. 3038

File No.
Registered No. 54

2. FULL NAME: Jacob Van Dyke
(a) Residence, No. 531 East Eastwood 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: Male
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 Rachel Shepherd Van Dyke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1843

7. AGE
YEARS: 92
MONTHS: 9
DAYS: 11
If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Loans, Titles & Insurance
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) 1926
11. Total time (years) spent in this occupation 60 Yrs

12. BIRTHPLACE (CITY OR TOWN) Princeton
(STATE OR COUNTRY) New Jersey

FATHER
13. NAME Matthew Van Dyke
14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) New Jersey

MOTHER
15. MAIDEN NAME Anna Louisa Napton
16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) New Jersey

17. INFORMANT L. W. Van Dyke
(ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridge Park Cem. DATE March 4 1936

19. UNDERTAKER P. W. Campbell
(ADDRESS) Marshall, Mo.

20. FILED Mar. 4 1936 Helen Huston
Deputy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3 1936

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1934, to March 3, 1936
I last saw him alive on March 3, 1936 Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage (apoplexy)

Date of onset

Other contributory causes of importance:
Myocarditis

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Was there 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) John R. Lawrence, M. D.
(Address) Marshall, Mo