APR 19 1937

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

Do not use this space.

1. PLACE OF DEATH
County Daviess
Township
City Gallatin (No. , St. Ward)

Registration District No. 250
Primary Registration District No. 4150

File No. 11725
Registered No. 9

2. FULL NAME Mary Kathleen VanDyke

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Glenn F. VanDyke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby. 5, 1909

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	28	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Jan. 1936

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co., Missouri

FATHER

13. NAME Albert W. Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER

15. MAIDEN NAME Lillian Brookshire

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co., Missouri

17. INFORMANT Glenn F. VanDyke
(ADDRESS) Gallatin, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brown Cemetery DATE Mar. 14, 19 37

19. UNDERTAKER Hope Furn. & Undt., Co.
(ADDRESS) Gallatin, Mo.

20. FILED Mar 13, 1937 H. A. Hope
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 19 37

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1937 to March 13, 1937
I last saw her alive on March 13, 1937. Death is said to have occurred on the date stated above, at 5:10 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Hypertension	1 year

Other contributory causes of importance:

Cerebral Hemorrhage	3 wks.
Myocarditis Chronic Hypertrophy	4 wks.

Name of operation Date of
What test confirmed diagnosis? Clinical & Laboratory 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?
If so, specify

(Signed) Floyd E. Nelson M. D.
(Address) Gallatin 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.