

OCT 21 1937

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

Do not use this space.

1. PLACE OF DEATH

 County Macon Registration District No. 528
 Township Callas Primary Registration District No. 5727A
 City (No. St. Ward)
File No. 34703

Registered No.

2. FULL NAME

Jerry M. Vandike
 (a) Residence, No. St., Ward. (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) married

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sallie Vandike
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10 - 1850
 7. AGE YEARS 87 MONTHS 5 DAYS 17 If LESS than 1 day,hrs. ormin.

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. Farmer

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) Kentucky

 13. NAME William Vandike

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

 15. MAIDEN NAME Margaret Posey

 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

 17. INFORMANT Chas Perkins (ADDRESS) Mobile, Mo.

 18. BURIAL, CREMATION, OR REMOVAL PLACE Chariton Cem DATE Sep 29 1937

 19. UNDERTAKER G. A. Perry & Son (ADDRESS) Callas, Mo.

 20. FILED Sep 28 1937 J. H. Baker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27 1937
 22. I HEREBY CERTIFY, That I attended deceased from April 17 1937 to Sept 27 1937

 I last saw him alive on Sept 26 1937. Death is said to have occurred on the date stated above, at 7:0 m.

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

Adeno-Carcinoma of prostate gland.

Other contributory causes of importance:

51

Name of operation Date of

What test confirmed diagnosis? Phys Exam 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

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) J. K. Ampley M. D.(Address) Callas 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.

