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.

REC'D JUN 8 1938

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

Do not use this space.

18771

1. PLACE OF DEATH
County Linn
Township Parson Creek
City Meadville (No. ..., ... St. ... Ward)
Registration District No. 503
Primary Registration District No. 4306
File No.
Registered No. 196

2. FULL NAME William Franklin Van Dyke 532
(a) Residence, No. Meadville 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nannie E. Van Dyke
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10, 18, 1865
7. AGE: YEARS 73 MONTHS 4 DAYS 10 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Danville Ill

FATHER
13. NAME Freeman Van Dyke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Parthinia Allen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mrs F. Chrisman 249 E. Mt. Lean Ottumwa Ia
18. BURIAL, CREMATION, OR REMOVAL
PLACE Meadville, Mo. DATE May 30, 1938
19. UNDERTAKER (ADDRESS) W. G. Thorne Laclede, Mo.
20. FILED 5-30, 1938 E. J. Weil Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May — 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1938, to May 29 —, 1938
I last saw him alive on May 29, 1938. Death is said to have occurred on the date stated above, at 2:10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Pulmonary Edema	
Cerebral Hemorrhage	
Senility	

Other contributory causes of importance:

82 a1

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) S. H. Hanson D.O. ~~M.D.~~
(Address) Meadville Mo.

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