

W. W. P. 28 1938

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

30230
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
(b) Township _____ Primary Registration District No. 3039 Registered No. 209
(c) City Nevada (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ella Jones Van Dyke 531

(a) Residence, No. 1306 N. Washington St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Van Dyke
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25 1882
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 5 22
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homekeeper
9. Industry or business in which work was done, as 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) Marion Iowa

FATHER 13. NAME John Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Martha Simpson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. Walter Van Dyke
Nevada, Mo.

18. Wilson B. Park DATE Aug 17 1938

DIRECTOR (NAME) Allen V. Hayes
Nevada Mo.
Aug 16 1938 Allen V. Hayes
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 1938
22. I HEREBY CERTIFY, That I attended deceased from July 15 1938 to Aug 16 1938
I last saw her alive on Aug 15 1938 Death is said to have occurred on the date stated above, at 1 1/2 m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Cecum
Metastatic
Date of onset June 1932

Other contributory causes of importance: H₂O

Name of operation Exploratory (abdominal) Date of Mo
What test confirmed diagnosis? Mic. sec. 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) Allen V. Hayes, M. D.
795 (Address) Nevada Mo

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.

STATEMENT RECORD

X14023

RECEIVED
District Health Officer No. 71
District File Number 7/38/128
Date Filed 9/12/38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed *Allen V. Hoyle*

Licensed Embalmer No. 1968

P. O. Address *Nevada, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.