

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Bates

Registration District No. 49

Township Westpoint

Primary Registration District No. 5073

City Amsterdam Mo.

File No. 44639

Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME James E. Vanslyke

(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 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 Elziney Vanslyke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. II, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk Missouri

13. NAME Unk

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

15. MAIDEN NAME Ann McCready

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

17. INFORMANT (ADDRESS) Mr Ed Vanslyke Amsterdam Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor Mo. DATE 12-24-37

19. UNDERTAKER (ADDRESS) Archer & Mangold Amsterdam Mo.

20. FILED Dec. 23 1937 Grace L. Smiser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1937 to Dec 21 1937

I last saw him alive on Dec 21 1937 Death is said

to have occurred on the date stated above, at 4:30 AM.

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

Influenza

Date of onset \_\_\_\_\_

Other contributory causes of importance: Age

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) R. C. Carter, M. D.  
(Address) Amsterdam, 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.

