

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.

MAY 25 1924

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

Do not use this space.

1. PLACE OF DEATH

County Wray  
Township Boyer  
City Boyer (No. \_\_\_\_\_)

Registration District No. 460  
Primary Registration District No. J-623

File No. 13409  
Registered No. 22  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Henry Vanderlinden

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Francis Vanderlinden</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 19, 1859</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>4</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation _____
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) _____		

OCCUPATION

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Belga</u> <u>Dawa</u>
13. NAME <u>Lucas Vanderlinden</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Amsterdam</u> <u>Holland</u>
15. MAIDEN NAME <u>Do not know</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Amsterdam</u> <u>Holland</u>
17. INFORMANT (ADDRESS) <u>Mrs Francis Vanderlinden</u> <u>Boyer Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Boyer Cem.</u> DATE <u>4/9</u> 19 <u>24</u>
19. UNDERTAKER (ADDRESS) <u>Wm. H. Hugginsville</u> <u>Hugginsville Mo</u>
20. FILED <u>April 9</u> 19 <u>24</u> <u>W. H. Hugginsville</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 8 1924

22. I HEREBY CERTIFY, That I attended deceased from Apr 7 1924 to Apr 8 1924  
I last saw him alive on Apr 7 1924 Death is said to have occurred on the date stated above, at 12:29 a.m.  
The principal cause of death and related causes of importance were as follows:

Acute Nephritis Date of onset Mar 25  
1105  
130 130  
Other contributory causes of importance:  
Pleurisy, followed by hemoth. Effusion Mar 1  
(Right Left)

Name of operation Drainage of pleural cavity Date of 4/1/24  
What test confirmed diagnosis? hematuria 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) W. H. Hugginsville M. D.  
(Address) Hugginsville, Mo.

1. The following information was obtained from the records of the  
Department of the Interior, Bureau of Land Management, on  
the date indicated below.

2. The following information was obtained from the records of the  
Department of the Interior, Bureau of Land Management, on  
the date indicated below.