

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

Do not use this space.

27842

1. PLACE OF DEATH

County Saline Registration District No. 796
 Township Marshall Primary Registration District No. 3038
 City Marshall, Mo. (No. 531 E. Eastwood) St. _____ Ward _____

File No. _____
 Registered No. 102

2. FULL NAME Rachel Rebecca VanDyke

(a) Residence, No. 531 East Eastwood St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Jacob VanDyke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 0 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Virginia

13. NAME Baylis F. Shepard

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

15. MAIDEN NAME Rachel H. Miller

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

17. INFORMANT L.W. VanDyke
 (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park DATE July 18, 1934

19. UNDERTAKER R.W. Campbell
 (ADDRESS) Marshall, Mo.

20. FILED 7/8, 1934 Nelva Houston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1934

22. I HEREBY CERTIFY That I attended deceased from July 14, 1933 to July 16, 1934
 I last saw her alive on July 16, 1934. Death is said to have occurred on the date stated above, at 8:00 a.m.

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

Chronic sero-fibrinous pleurisy

Date of onset July 1933

Other contributory causes of importance:

1100/100
 Name of operation _____ Date of _____
 What test confirmed diagnosis? X-ray 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) [Signature], M. D.
 (Address) Marshall, 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.

AUG 14 1934

2
2
31

WRITE PLAINLY, WITH OMISSION OF UNNECESSARY DETAILS

1944

...

...

...

...

...

...

...

...

...

...

...