

11 1936

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

Do not use this space.

3770

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis Mo.** (No. **Barnes 475**)
St. _____ Ward _____
Registered No. **1022**

2. FULL NAME

Joseph Milton Dyke
(a) Residence No. _____ St. **NR** Ward **New Florence Mo.**
(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 **Widowed**
(Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF **the late June Dyke**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 12 1874**

7. AGE YEARS **74** MONTHS **11** DAYS **16** If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME **John W Dyke**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Va**

15. MAIDEN NAME **Elizabeth Kinard**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Va**

17. INFORMANT (ADDRESS) **John Dyke**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Montgomery Way** DATE **Jan 29 1936**

19. UNDERTAKER (ADDRESS) **Stork & Darrold**

20. FILED **N 28 1936** 19 **J. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 28 1936**

22. I HEREBY CERTIFY, That I attended deceased from **1-21-1936**, to **1-28-1936**
I last saw him alive on **1-28-1936** Death is said to have occurred on the date stated above, at **9:35** a.m.
The principal cause of death and related causes of importance were as follows:

Coronary Prostate
Old Peas, yrs. long tubes
Old Cystitis

Date of onset

51

Other contributory causes of importance:
Cor. Hypertension
Arterio-Sclerosis General
Coronary Thrombosis

Name of operation **Prostatectomy** Date of _____
What test confirmed diagnosis? **Clinical** 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? _____
If so, specify **J. Jay Crawford**, M. D.
(Signed) (Address) **3770 Washington Ave**

