

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 17 1938

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

8  
~~44611~~  
Do not use this space.

1. PLACE OF DEATH

(a) County Bates Registration District No. 50  
(b) Township \_\_\_\_\_ Primary Registration District No. 3004 Registered No. 1  
(c) City Butler (d) Street No. Butler Memorial Hospital 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Harry Hart Van Dyke 52  
(a) Residence, No. 309 West Ohio Street 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 male 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 Tracie Peace Van Dyke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1890

7. AGE YEARS 47 MONTHS 4 DAYS 24 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as saw mill, bank, etc. Insurance agent  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Rich Hill, Bates  
(STATE OR COUNTRY) County - Mo.

FATHER 13. NAME John Warren Vanduyke

14. BIRTHPLACE (CITY OR TOWN) Cherokee County  
(STATE OR COUNTRY) Alabama

MOTHER 15. MAIDEN NAME Anteminea Bell

16. BIRTHPLACE (CITY OR TOWN) Cherokee County  
(STATE OR COUNTRY) Alabama

17. INFORMANT Mrs Harry Van Dyke  
(ADDRESS) Butler Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Wakville DATE Jan 11, 1938

19. FUNERAL DIRECTOR Carver  
(ADDRESS) Butler Mo

20. FILED Jan 11, 1938 Thos L. Carver  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9, 1938

22. I HEREBY CERTIFY that I attended deceased from Jan 6th 1938, to Jan 9th 1938  
I last saw him alive on Jan 9, 1938 Death is said to have occurred on the date stated above, at 4 p.m.  
The principal cause of death and related causes of importance were as follows:

Broncho pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance: 115

Septic sore throat

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clean 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) A. D. Le Hue, M. D.  
(Address) Butler Mo

STATEMENT BY LICENSED EMBALMER

I, Harvey G. Newell, Licensed Embalmer No. 3111  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself.

L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Harvey G. Newell  
Licensed Embalmer No. 3111

**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.)**