

DEC 13 1938

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

38599
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 70
 (b) Township Washington Primary Registration District No. 0001
 (c) City Saint Joseph (d) Street No. 1110 North 18th Street Registered No. 1103
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

290 Barbara Jeanette Dykes
 (a) Residence, No. 1110 North 18th 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 24, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as 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) Saint Joseph (STATE OR COUNTRY) Missouri

FATHER 13. NAME Hal Dykes

14. BIRTHPLACE (CITY OR TOWN) Saint Joseph (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Louise Rapp

15. BIRTHPLACE (CITY OR TOWN) Troy (STATE OR COUNTRY) Kansas

17. INFORMANT Mr. Hal Dykes (ADDRESS) 1110 North 18th street

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Auburn Cemetery DATE Nov. 5, 1938

19. FUNERAL DIRECTOR E.R. Sidenfaden Funeral Home (ADDRESS) 602 South 10th Street

20. FILED Nov 4 1938 H. Steinhilber Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1938, to Nov. 3, 1938

I last saw her alive on Nov. 9, 1938. Death is said to have occurred on the date stated above, at 9:30 P.M.

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

Broncho Pneumonia Date of onset 11/2/38
107 N

Other contributory causes of importance: Child apparently in perfect health until pneumonia set in, probably contracted from 3 other youngsters in family with common colds

Name of operation None Date of _____
 What test confirmed diagnosis? Chemical 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. Gordon (Dr.) M. D.
 (Address) 515 So. 19th Street, Troy, Mo.

WRITE PLAINLY, WITH OUPADING THROUGH 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.

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STATEMENT BY LICENSED EMBALMER

I, Theron O. Smith, Licensed Embalmer No. 3928

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. and by Mollie Sidenfaden, Registered Apprentice No. 145

working under my personal supervision.

Signed

Theron O. Smith

Licensed Embalmer No. 3928

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.)