

TEXAS STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
 STANDARD CERTIFICATE OF DEATH

Registrar's No. **571**
22578

1 PLACE OF DEATH
 STATE OF TEXAS
 COUNTY OF El Paso
 CITY OR
 PRECINCT NO. El Paso

No. _____ Street City-County Hospital
 If in an institution, give name of institution instead of Street and No.

Length of residence in city where death occurred 1 yrs. 3 mos. 3 days? How long in U. S. if foreign born? yrs. mos. days

2 FULL NAME OF DECEASED William J. Van Dyke
 Residence: No. County Poor Farm, Lower Valley County Poor Farm, Lower Valley
 If non-residence give city, or town and state

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. Single Married Widowed Divorced (Write the word) Widower
 6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown
 6. DATE OF BIRTH (month, day, and year) November 1861
 7. AGE 71 Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) Illinois

13. NAME Isaac Van Dyke

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Elizabeth Ashmore

16. BIRTHPLACE (City or town) (State or county) Illinois

17. INFORMANT C. H. Butler

(Address) City-County Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Concordia-County Date May 20 19 33

19. UNDERTAKER Peak-Hagedorn Funeral Home

(Address) El Paso, Texas

20. FILE DATE AND SIGNATURE OF REGISTRAR
May 22 19 33 C. H. Powell

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 17 19 33
 22. I HEREBY CERTIFY, That I attended deceased from HELD AUTOPSY 19..... to..... 19.....

I last saw him..... alive on..... 19.....; death is said to have occurred on the date stated above, at 3 P. m. The principal cause of death and related causes of importance were as follows:

Primary - arteriosclerosis
renal arteriosclerosis
 Other contributory causes of importance:

Name of operation..... date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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
 (Signed) W. H. ... Pathologist M. D.
 (Address) 114 Mills El Paso, Texas

OCCUPATION

FATHER

MOTHER