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.

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

47957

1 PLACE OF DEATH

County Pike

Township .... Registration District No. 686 File No. ....

or

Village Curryville Mo Primary Registration District No. 5913 Registered No. ....

or

City .... (NO. .... St.; .... Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME John W Bankhead

PERSONAL AND STATISTICAL PARTICULARS	
3 SEX	Male
4 COLOR OR RACE	White
5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	Married
6 DATE OF BIRTH	Dec (Month) 29 (Day) 1888 (Year)
7 AGE	30 yrs. ..... mos. 5 ds. — If LESS than 1 day, ...hrs. or.....min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work	Farmer
(b) General nature of industry business, or establishment in which employed (or employer)	
9 BIRTHPLACE (City or town, State or foreign country)	Mo
PARENTS: 10 NAME OF FATHER	John W. Bankhead
11 BIRTHPLACE OF FATHER (City or town, State or foreign country)	Mo
12 MAIDEN NAME OF MOTHER	Selma Pergan
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)	Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs J. W. Bankhead

(Address) Cyrene. Mo

15

Filed Dec 29, 1918 T J Elmore Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec (Month) 28 (Day), 1918 (Year)

17 I HEREBY CERTIFY, that I attended deceased from Dec 24th, 1918, to Dec 28, 1918, that I last saw him alive on Dec 28, 1918, and that death occurred, on the date stated above, at 11 P m.

The CAUSE OF DEATH* was as follows:

Influenza Followed by Pneumonia

11B 10

(Duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Influenza (Duration) ..... yrs. ..... mos. 4 ds.

(Signed) H. A. Gibbs M. D.

12-29, 1918 (Address) Curryvill Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death.......yrs.......mos.......ds. In the State.......yrs.......mos.......ds.

Where was disease contracted if not at place of death? ....

Former or usual residence ....

19 PLACE OF BURIAL OR REMOVAL Antioch Church — DATE OF BURIAL Dec 30, 1918

20 UNDERTAKER Bankhead & Bankhead — ADDRESS Bowling Green Mo

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.

LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

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

1 PLACE OF DEATH

County ....

Township .... Registration District No. .... File No. ....

or

Village .... Primary Registration District No. .... Registered No. ....

or

City .... (NO. ...., ... St.; .... Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME ....

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (*Write* the word)

16 DATE OF DEATH

.... , 191 ....
(Month) (Day) (Year)

6 DATE OF BIRTH

.... , 1 ....
(Month) (Day) (Year)

7 AGE

.... yrs. .... mos. .... ds.

If LESS than 1 day, ... hrs. or ...... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work ....

(b) General nature of industry business, or establishment in which employed (or employer) ....

9 BIRTHPLACE
(City or town, State or foreign country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER
(City or town, State or foreign country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) ....

(Address) ....

15

Filed ...., 191 ......, ...
Registrar

17 I HEREBY CERTIFY, that I attended deceased from ...., 191 ......, to ...., 191 ......,

that I last saw h ...... alive on ...., 191 ......,

and that death occurred, on the date stated above, at .... m.

The CAUSE OF DEATH* was as follows:

....

....

....

.... (Duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (Secondary) ....

.... (Duration) .... yrs. .... mos. .... ds.

(Signed) .... M. D.

.................., 191 ...... (Address) ....

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ...... yrs. ...... mos. ...... ds. In the State ...... yrs. ...... mos. ...... ds.

Where was disease contracted if not at place of death? ....

Former or usual residence ....

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL ...., 191 ......

20 UNDERTAKER

ADDRESS