

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

Do not use this space.

1879

**1. PLACE OF DEATH**

County Missouri Registration District No. 567 File No. \_\_\_\_\_  
 Township St James Primary Registration District No. 5-763 Registered No. 5  
 City East Prairie St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** William Edward Banks

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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 (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 8 - 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
4 16

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work report  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Miss. Co.  
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Walter Banks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Miss. Co.  
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Donnie McMillan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Miss. Co.  
 (STATE OR COUNTRY) Mo.

14. INFORMANT Walter Banks  
 (Address) East Prairie Mo

15. FILED 2 1928 Shuff M. Hodges  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11 24<sup>th</sup> 1928

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ 4 a. m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Not known found dead in bed natural cause

CONTRIBUTORY (SECONDARY) H.O.S.B.  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) L. Martin, M. D.  
 , 19\_\_\_\_ (Address) East Prairie Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Dogwood DATE OF BURIAL 11 25 1928

20. UNDERTAKER Ed Shelby ADDRESS East Prairie Mo

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.

