

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

Do not use this space.

10890

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003** File No.....
 City **St. Louis** (No. **3057 Spaulding**) Registered No. **2714** Ward.....

2. FULL NAME

Willie Bankolyer
 (a) Residence. No. **5057 Spaulding** St. **6** 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 **Female** 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 **John Bankolyer**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **June 12 1887**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
45 | **8** | **17**

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **Housewife**
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY)

10. NAME OF FATHER **John Flaherty**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **England**
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Mary**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Ireland**
 (STATE OR COUNTRY)

14. INFORMANT **John Bankolyer**
 (Address) **5057 Spaulding**

15. FILED **791 1003** **Mar 6 Starvo**
 19 **28** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Mar. 9th 1928**

I HEREBY CERTIFY That I attended deceased from **7/8** 19**28** to **3/8** 19**28**
 that I last saw him alive on **March 8th 1928**, and that death occurred, on the date stated above, at **9:30** a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
 (duration) yrs. mos. ds.
1010
 CONTRIBUTORY (SECONDARY) (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) **Dr. Percy R. M.**
 (Address) **4309 Lull Bell**

*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 **Cemetery** DATE OF BURIAL **Mar 12 1928**

20. UNDERTAKER **Max Stewart** ADDRESS **5375 Easton**

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.

4309. Lundell.