

N. B.—Every item of information 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

Do not use this space.

22767

1. PLACE OF DEATH

County Sullivan
Township Green
City Green (No.)

Registration District No. 849
Primary Registration District No. 6114

File No.
Registered No. 8
St. Ward

2. FULL NAME

Ethel 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rosser Banks</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 30 1892</u> | | |
| 7. AGE <u>35</u> | YEARS <u>6</u> | MONTHS <u>15</u> |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>on farm</u> (c) Name of employer | | |

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| 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u> |
| 10. NAME OF FATHER <u>Wes. Hays</u> |
| 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u> |
| 12. MAIDEN NAME OF MOTHER <u>Wilburn</u> |
| 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u> |

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| 14. INFORMANT <u>Rosser Banks</u> (Address) <u>Green City, Mo.</u> |
| 15. <u>Aug 3, 1928</u> <u>Miss Kate Lane</u> REGISTRAR |

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15 19 28
17. I HEREBY CERTIFY That I attended deceased from June 15, 1928, to June 15, 1928
that I last saw her alive on June 15, 1928, and that death occurred, on the date stated above, at 2 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis
Secondary Anemia
132A
Septic Endocarditis (duration) yrs. 2 mos. 21 da.
CONTRIBUTORY (SECONDARY) (duration) yrs. 2 mos. 21 da.

18. WHERE WAS DISEASE CONTRIBUTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical and lab.
(Signed) E. S. Smith, M. D.
18 June, 1928 (Address) Kirksville

*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.

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| 19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>W. H. Oliver - Green</u> | DATE OF BURIAL <u>June 17 1928</u> |
| 20. UNDERTAKER <u>Glenn E. Kent</u> | ADDRESS <u>Green City Mo</u> |

