

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

Do not use this space.

**1. PLACE OF DEATH**

County Linn

Registration District No. 502

File No. 27821

Township Marceline

Primary Registration District No. 4305

Registered No. 29

City Marceline (No. ....)

St. .... Ward)

**2. FULL NAME**

Mary Banker

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

**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 J H Banker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 8 1848

7. AGE. YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
80 3 20

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work at home

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

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) New York  
(STATE OR COUNTRY) NY

10. NAME OF FATHER  Jas. Williamson

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

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT Mrs Luke O'Meara  
(Address) Marceline Mo.

15. FILED 8/30, 1928 Old Intman  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1926, to Aug 28, 1928 (that I last saw h. ... alive on Aug 28, 1928, and that death occurred, on the date stated above, at 3:30 P.M.)

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Shoring Ue phritis  
Interstitiaf

131 (duration) 1 Q yrs. .... mos. .... da.

CONTRIBUTORY (SECONDARY) MA (duration) .... yrs. .... mos. .... da.

18. WHERE WAS DECEASED CONTACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) P. M. Fater, M. D. Aug 30, 1928 (Address) Marceline 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 DATE OF BURIAL MA Alvert Cemetery, Aug 30 1928

20. UNDERTAKER ADDRESS Gas M Loughlin Marceline Mo.

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.

