

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

Do not use this space.

37828

1. PLACE OF DEATH

County Pike
Township Sumner
City Bowling Green (No. _____)

Registration District No. 684
Primary Registration District No. 4408

File No. _____
Registered No. 44 St. _____ Ward _____

2. FULL NAME

Ben Chambers Bankhead

(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)

married

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

Kate Smith Bankhead

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

Aug. 28-1867

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>61</u>	<u>2</u>	<u>20</u>	<u>—</u>

8. OCCUPATION OF DECEASED

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

Merchant 118C

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Pike Co.

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Archer C. Bankhead

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Virginia

12. MAIDEN NAME OF MOTHER

Mary Chambers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis, Mo.

14. INFORMANT

Grace Bankhead

(Address) Bowling Green Mo

15. FILED

12/10 28

W. J. Summers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 18

7 AM to 11 AM, 1928, to _____, 19____
that I last saw him alive on Nov 18 at 11 a, 1928, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute angina pectoris
superinduced by acute
indigestion

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. H. Linley M. D.

, 1928 (Address) Bowling Green 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

Bowling Green Cemetery Nov. 20 1928

20. UNDERTAKER

ADDRESS

Grace Bankhead Bowling Green 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.

MRS. GRACE BANKETT
PLING...

Mrs. Grace

MRS. GRACE BANKETT
PLING...