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

Do not use this space.

File No. 32924

Registered No. 6

1. PLACE OF DEATH
County: Barton
Township: Nashville
City: ..... (No. ..... St. ..... Ward)
Registration District No. 46
Primary Registration District No. 5069

2. FULL NAME: Merle Dean Banwart.
(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: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct-14-29
7. AGE: Years ..... Months ..... Days 1 ..... If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....
9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Barton, Co. Mo.

PARENTS
10. NAME OF FATHER: Eli Banwart
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Kossuth Co., Iowa.
12. MAIDEN NAME OF MOTHER: Elizabeth Barber
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Clayton, Co., Iowa.

14. INFORMANT: Eli Banwart.
(Address) R. 1. Lamar, Mo.

15. FILED 10/15 19 29 Ulesday e Overmyer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-15- 1929

17. I HEREBY CERTIFY, That I attended deceased from 10-14- 1929, to 10-15- 1929 that I last saw ~~him~~ alive on 10-14- 1929, and that death occurred, on the date stated above, at 7-a-m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Probably Heart Failure. 29 hrs. of age, circulation poorly established. ..... (duration) 29 hrs. yrs. ..... ds.

CONTRIBUTORY (SECONDARY) 1518 ..... (duration) ..... yrs. ..... mos. ..... ds.

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18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) M. H. Knott, M. D.
10-16-, 1929 (Address) Jasper, 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: Harlville Twp. — DATE OF BURIAL 10-15 1929
20. UNDERTAKER: Fred L. Kanz — ADDRESS Jasper Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.