

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

Do not use this space.

41077

**1. PLACE OF DEATH**

County Jasper  
Township Joplin  
City Joplin (No. \_\_\_\_\_)

Registration District No. 411  
Primary Registration District No. 2002

File No. \_\_\_\_\_  
Registered No. 554  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Woodrow Wilson Bankston

(a) Residence No. 1211 Madison st Galena M.S. Ward. \_\_\_\_\_

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 3 - 1917

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>12</u>	<u>8</u>	<u>28</u>		

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

9. BIRTHPLACE (CITY OR TOWN) Galena  
(STATE OR COUNTRY) Kan

10. NAME OF FATHER Chas. H. Bankston

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

12. MAIDEN NAME OF MOTHER Edith Smith

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

14. INFORMANT Chas. H. Bankston  
(Address) 1211 Madison st Galena

15. FILED 1/3 1930 A Benson Clark  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 31 1929

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_, 19\_\_\_\_, \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS;**

auto accident. Killed when he jumped off the back end of street car and started across the street, auto crossing the car and took the boy.

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

18. WHERE WAS DISEASE CONTRACTED 1880

IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) W. A. Seely Inspector

1/6 1930 (Address) Columbus Hans Co

\*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 \_\_\_\_\_

Hill Crest Cemetery Jan 3 1930

20. UNDERTAKER M. Clark ADDRESS Galena

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.

RECORD

8-18-1930  
510

