

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

Do not use this space.

41822

1. PLACE OF DEATH

County Ray Registration District No. 915
 Township Knobloch Primary Registration District No. 6236
 City Millville Mo (No.) St. Ward (....)

File No.
 Registered No. 20

2. FULL NAME Mrs Sarahah Banister

(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 <u>F</u>	4. COLOR OR RACE <u>W</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>Amos Banister</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 19 1859</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>70</u>	<u>6</u>	<u>15</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work.				
(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) Ray Co Mo.

PARENTS	10. NAME OF FATHER <u>Seymore Coffman</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	12. MAIDEN NAME OF MOTHER <u>Elizabeth Wilson</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>

14. INFORMANT Amos Banister
 (Address) Millville Mo.

15. FILED Dec 8 1929 Mrs. G.W. Gaines
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-6-29 1929
 17. I HEREBY CERTIFY, That I attended deceased from Nov 20 1929 to Dec 6 1929 that I last saw her alive on Dec 13 1929 and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Stenosis of Atrioventr.
Chronic dilatation
of heart
 (duration) 5 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Chronic dilatation
of heart (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? no DATE OF 1
 WAS THERE AN AUTOPSY? clinical
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) G.W. Gaines M. D.
Dec 7 1929 (Address) Rayville 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 Antioch Cem. DATE OF BURIAL 12-8-29 1929

20. UNDERTAKER W. Mansur Registered No. 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. THIS IS A PERMANENT RECORD.

