APR 30 1930

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

Do not use this space.

9119

1. PLACE OF DEATH

County Jasper — Registration District No. 40 F — File No.

Township Marian — Primary Registration District No. 5562 — Registered No.

City Morgan Heights (Carthage) — St. — Ward)

2. FULL NAME John Russell Bangs

(a) Residence. No. — St., — Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	72	8	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Master Mechanic

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Leavenworth
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Albert Oliver Bangs

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

12. MAIDEN NAME OF MOTHER Mary A. Brown

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

14. INFORMANT Mrs. Eunice E. Bangs
(Address) Morgan Heights (Carthage)

15. FILED Apr 1, 1930 E. H. Ketcham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 29, 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 6th, 1928, to Mch 29, 1930, that I last saw him alive on Mch 29, 1930, and that death occurred, on the date stated above, at ....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of Prostate and Bladder

51B
51C
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) P. Nephritis
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? ..... DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) David Wise, M. D.

, 19 (Address) Carthage, 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
Park Cemetery	Apr. 1 1930
20. UNDERTAKER	**ADDRESS**
Neill Mortuary	Carthage, 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.

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