

APR 30 1930

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

Do not use this space.

15049

1. PLACE OF DEATH

County Shannon
Township Jackson
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 637
Primary Registration District No. 6084

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Francis Sumner</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 5 - 1852</u>		
7. AGE <u>78</u>	YEARS <u>8</u>	MONTHS <u>7</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

8. OCCUPATION OF DECEASED

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

PARENTS

10. NAME OF FATHER Roman Banks
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Jane Morgan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

14.

INFORMANT Mr. J. Morgan
(Address) Dexter St.

15.

FILED 4/9 1930 Shannon County
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/5 1930
17. I HEREBY CERTIFY, That I attended deceased from april 1 1930 to april 3 1930
that I last saw him alive on april 3 1930 and that death occurred, on the date stated above, at 7:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial
infarction
92C
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Nephritis
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at home
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. P. Rudy, M. D.
, 19 (Address) Business 125

*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 Shannon Cemetery DATE OF BURIAL 4/6 1930
20. UNDERTAKER Chas. H. Spence ADDRESS Shannon, Mo.

