

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

Do not use this space.

15405

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. 1014 Henry Street)

File No.
Registered No. 628
St. Ward)

2. FULL NAME Mary Bannon

(a) Residence. No. 1014 Henry Street St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds.

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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) FEBRUARY 15, 1856

7. AGE

74

YEARS

MONTHS

3

DAY

11

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Not Employed

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Doniphan Co.

(STATE OR COUNTRY) Kansas

PARENTS

10. NAME OF FATHER James Bannon

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

12. MAIDEN NAME OF MOTHER Mary Mulligan

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

14. INFORMANT Emma F Bannon

(Address) 1014 Henry Street - St Joseph Mo.

15. FILED 27, 1930
John G. W. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 26 1930

I HEREBY CERTIFY That I attended deceased from May 28, 1930 until May 26, 1930 that I last saw her alive on May 24, 1930, and that death occurred, on the date stated above, at 8/15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

cerebral epilepsy

82 A
97 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) arterio sclerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) John G. W. M.D.

May 26 19 30 (Address) 1014 Henry Street

*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

Mt. Olivet Cemetery

DATE OF BURIAL

May 28 19 30

20. UNDERTAKER

H. P. Aidenfader

ADDRESS

1802 Union St.

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.

