

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.

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

Do not use this space.

22243

## 1. PLACE OF DEATH

County CedarRegistration District No. 163Township BoxPrimary Registration District No. 2728City  (No. )File No. Registered No. 31St.  Ward 

## 2. FULL NAME

Florence B Banks(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

Female

## 4. COLOR OR RACE

white

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widow

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

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Mar 20 1855

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

75310

## 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)

Dover

(STATE OR COUNTRY)

Mo

## 10. NAME OF FATHER

LeGrand Griffin  
Buford

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

## 12. MAIDEN NAME OF MOTHER

Elsie Bice M. Buford

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Virginia

## 14.

INFORMANT

(Address)

Sam Banks  
El Dorado Spgs Mo

## 15.

FILED 7-1-1930J. Dawson

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

July 1st 1930

## 17.

I HEREBY CERTIFY, That I attended deceased from Jan 25-1930 to July 1-1930  
that I last saw her alive on May 31-1930, and that death occurred, on the date stated above, at 10:40 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Myocarditis93C

## CONTRIBUTORY (SECONDARY)

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF.....WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. Dawson

M. D.

7-1-1930 (Address) El Dorado Spgs 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

Columbia Mo7-3-1930

## 20. UNDERTAKER

## ADDRESS

J. DawsonEl Dorado Spgs Mo

AUG 26 1930

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