

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

Do not use this space.

41730

1. PLACE OF DEATH

County Shannon
Township Newton
City Newton (No.)

Registration District No. 1125
Primary Registration District No. 6082

File No.
Registered No.
St. Ward)

2. FULL NAME

Andy J. Banks

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

White

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

Married

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

Bessie Banks

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

Aug 19, 1879

7. AGE

51

MONTHS

2

DAYS

28

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)

Emmence Mo

10. NAME OF FATHER

Lew Banks

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

Ill

12. MAIDEN NAME OF MOTHER

Francis Sumner

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

Mo

14.

INFORMANT (Address)

Arvile Banks
W. H. Hadden, M.D.

15.

FILED

12-18-1930 Camilla Truitt

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Dec 17, 1930

17. I HEREBY CERTIFY, That I attended deceased from June 14, 1930, to Dec 10, 1930, that I last saw him alive on Dec 10, 1930, and that death occurred, on the date stated above, at 7 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis

131

(duration) 2 yrs 3 mo 14 ds.

CONTRIBUTORY (SECONDARY)

(duration) 129 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. H. Hadden, M.D.

, 19 (Address) Saline 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

Haverstick Cemetery Dec 19, 1930

20. UNDERTAKER

ADDRESS

W. D. Hobson Saline 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.

