

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

Do not use this space.

24380

**1. PLACE OF DEATH**

County Callaway Registration District No. 104  
Township \_\_\_\_\_ Primary Registration District No. 3008  
City Fulton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. State Hospital #1 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>W. K.</u>				
7. AGE YEARS <u>64</u>	MONTHS <u>—</u>	DAYS <u>—</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____			
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Messouri</u>				
FATHER	13. NAME (Beck) <u>Bankley</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>			
MOTHER	15. MAIDEN NAME <u>W. K.</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>SK</u>			
17. INFORMANT (ADDRESS) <u>R. G. Idale, Fulton, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Madison, Mo.</u> DATE <u>July 18, 1931</u>				
19. UNDERTAKER (ADDRESS) <u>Geo. H. Wallace, Fulton, Mo.</u>				
20. FILED <u>July 18, 1931</u> <u>R. N. Crews</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1931

22. I HEREBY CERTIFY That I attended deceased from viewer dead body 7-18-1931

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:  
Strong water from hanging from neck. Used to shutts together that then to steam pipe to jumper off step ladder.

Date of onset 105

Other contributory causes of importance:  
Insane Hospital 1907-11 employed as store keeper. 1911 to date (melancholia)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? suicide Date of injury 7-15-1931  
Where did injury occur? State Hospital #1, Fulton  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Public place

Manner of injury gunshot

Nature of injury fatal

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) R. H. Hall M. D.  
(Address) Carver Callaway Co.

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.

Aug 25 1931

