

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

Do not use this space.

37042

1. PLACE OF DEATH

County Cass
Township Adair
City _____ (No. _____)

Registration District No. 118
Primary Registration District No. 5169

File No. _____
Registered No. 11
St. _____ Ward _____

2. FULL NAME

Phineas Green Banty

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

M

4. COLOR OR RACE

White

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

Widowed

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

Katherine Banty

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

May 18 - 1857

7. AGE

YEARS

MONTHS

DAYS

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

74

5

78

8. OCCUPATION OF DECEASED

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

Preacher

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

(c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 16 1931

17.

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart trouble - Had no attending physician. The following were present at time of death: _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

None (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? Yes Mr. John Boston

WHAT TEST CONFIRMED DIAGNOSIS? Mr. John Boston

(Signed) Miss Bertha Boston, M. D.

, 19 _____ (Address)

*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

Clinical Cemetery

11-18 1931

20. UNDERTAKER

Ed Allison

ADDRESS

Clinical Spring
Mo.

14. INFORMANT

W. B. Banty
(Address) Union Springs, Mo.

15. FILED

11-16-31 Helen M. Jackson
REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 21 1931

