

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

Do not use this space.

41476

1. PLACE OF DEATH

County Putnam Registration District No. 502 File No. _____
 Township _____ Former Registration District No. 4305 Registered No. 58
 City Marceline Putnam Memorial Hospital (Ward) _____

2. FULL NAME

William Green Bancaster
 (a) Residence, No. _____ St. _____ Ward. _____
 (Usual place of abode)

Length of residence in city or town where death occurred 29 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 Male 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 Vivian Tracy Bancaster Aug 15, 1931, to Dec 9, 1931

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 27 1896

7. AGE YEARS 75 MONTHS 0 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bancker

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) Nov 19 1931 11. Total time (years) spent in this occupation 29

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Co Mo

13. NAME Green B Bancaster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Rebecca Roberts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Mrs W G Lousister
Marceline Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE not known DATE Dec 6 1931

19. UNDERTAKER (ADDRESS) Jas M Doughler
Marceline Mo

20. FILED 12/7 1931 Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to Dec 9, 1931. I last saw him alive on Dec 9, 1931. Death is said to have occurred on the date stated above, at 3P m.

The principal cause of death and related causes of importance were as follows:

uramnia
191
1325

Other contributory causes of importance: chronic interst. nephritis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) W. J. [Signature], M. D.
 (Address) Marceline Mo.

Date of onset Dec 1

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.

