

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

Do not use this space.

1. PLACE OF DEATH

County Raffles Registration District No. 1226
 87 Township Saverton Primary Registration District No. 5758
 City Glasco (No. Glasco) St. _____ Ward _____

File No. 20523
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Glasco 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. J. Fleudelys
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 28 1858
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 9 28
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Retired
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Adam County, Ill
 (STATE OR COUNTRY)

10. NAME OF FATHER George A. Banks
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Carolina Glodal
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill
 (STATE OR COUNTRY)

14. INFORMANT Lewis Fleudelys
 (Address) Glasco, Mo

15. FILED 30 1932
7-14-32 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 24 1932
 17. I HEREBY CERTIFY, That I attended deceased from June 1 1932 to June 24 1932
 that I last saw him alive on June 22 1932 and that death occurred, on the date stated above, at 2 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
(left side)
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) g g w
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (1)
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) H. L. Banks M. D.
6/30 1932 (Address) Hannibal 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 Marble Creek Cemetery DATE OF BURIAL 6/26/1932
 20. UNDERTAKER James O'Donnell ADDRESS Hannibal Mo

WRITE PLAIN WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. 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.

JUL 27 1932

state b/mo:

ed blouds 85

at 11:10 p.m. 1957

S-20523