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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1003~~ File No. 24107

Township ..... Primary Registration District No. ..... Registered No. 6167

City St. Louis (No. St. Lukes Hospital St. ..... Ward)

2. FULL NAME Nora Morton Banister

(a) Residence, No. 4914 Argyle Ave. St., 12 Ward. (If nonresident, give city or town and State)
(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

3. SEX: Female
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: Fred A. Banister

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 28, 1866

7. AGE: YEARS 65 MONTHS 8 DAYS 4 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
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): Unknown Indiana 2

FATHER

13. NAME: Richard F. Morton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Indiana

MOTHER

15. MAIDEN NAME: Caroline Sherry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Indiana

17. INFORMANT (ADDRESS): Edward C. Banister 4914 Argyle ave

18. BURIAL, CREMATION, OR REMOVAL PLACE: Bellefontaine DATE: July 4, 1932

19. UNDERTAKER (ADDRESS): C. R. Lupton & Sons 4449 Olive St.

20. FILED: -4 1932, 19 [signature] Registrar

## MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7/2, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1932, to July 2nd, 1932

I last saw her alive on 7/2, 1932. Death is said to have occurred on the date stated above, at 10 a.m.

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

Acute dilatation of heart
93C
95B
69B
93C

Date of onset

Other contributory causes of importance:
Chronic myocarditis and obesity

Name of operation: none Date of .....

What test confirmed diagnosis? none Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

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? .....

If so, specify no

(Signed) C. W. Bassett, M. D.

(Address) 4500 Olive St. City