

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

Do not use this space.

25564^A

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.

APR 24 1932

1. PLACE OF DEATH
 14 County Callaway Registration District No. 103
 Township St. Aubert Primary Registration District No. 5104
 City _____ No. _____ St. _____ Ward _____

2. FULL NAME Robert Harrison McBanman
 (a) Residence. No. R#9 Fulton 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-23-1932

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
		5	1	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Boat
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) R#9 Fulton 1
 (STATE OR COUNTRY) _____

PARENTS

10. NAME OF FATHER Robt. H. McBanman
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Colorado 2
 (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER Eva Huffman
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Texas
 (STATE OR COUNTRY) _____

14. INFORMANT R. H. McBanman
 (Address) R # 9 Fulton

15. FILED 8-25-32 W. H. Williamson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-24 1932
 17. I HEREBY CERTIFY, That I attended deceased from 8
73, 1932 to 8-24, 1932
 that I last saw him alive on 8-24, 1932 and that death occurred, on the date stated above, at 8 0 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastro-intestinal
19B / 119 (duration) don't know yrs. mos. ds.
158
 CONTRIBUTORY Inanition
 (SECONDARY) (duration) whole life yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) W. H. Payne, M. D.
 , 19 (Address) R # 9 Fulton

*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 Hans Prairie Cemetery DATE OF BURIAL 8-26 1932

20. UNDERTAKER Ed Thompson ADDRESS R#9 Fulton

