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.

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

Do not use this space.

29321

1. PLACE OF DEATH
County Jackson Registration District No. 899
Township Kan Primary Registration District No. 5008
City K. C. Mo (No. 5428 Olive St.)

File No.
Registered No. 2495 (Ward)

2. FULL NAME Mrs Annie E. Banister
(a) Residence, No. 5428 Olive St., 1 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 Fe
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8 - 1860
7. AGE Years 72 Months 0 Days 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
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) Indiana

FATHER
13. NAME Nelson Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER
15. MAIDEN NAME Jane Barney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Miss Jennie Banister
(ADDRESS) 5428 Olive Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Cowgill Mo DATE 9 - 17 1932
19. UNDERTAKER Geo. C. L. Forster
(ADDRESS) 918 Brooklyn, Kc.
20. FILED 9/16, 1932 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-16- 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1932, to Sept. 16 1932
I last saw her alive on Sept. 16, 1932. Death is said to have occurred on the date stated above, at 8 15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
8 A	
9	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation none 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, 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? no
If so, specify
(Signed) John W. Warren, M. D.
(Address) 1424 Professional Bldg

Professional Bldg.
Hz- 0236
463 E.55 Hi-7972
WL. 7038