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

Do not use this space.

30443

File No.

Registered No. 8100

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City City Hospital #2 (No. City Hosp #2 St. ..... Ward)

2. FULL NAME Moses Banks

(a) Residence, No. 1420 N Pendleton St., 11 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Col.	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-16-1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	53	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 245

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 210 152

10. Date deceased last worked at this occupation (month and year) two yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss 2

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Miss Eva Banks 1420 N Pendleton Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE Sept. 7 1932

19. UNDERTAKER (ADDRESS) G. W. Bruce 1003 N Garrison

20. FILED SEP -7 1932 Max C. Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician in attendance, 19..., to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 19 m.

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

Cellulitis
Compound Fracture of Tibia + Fibula received
Struck by Auto
St. Louis Mo.

Date of onset

Other contributory causes of importance:
While Crossing Street
Accident

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

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

Accident, ~~suicide, or homicide~~? Date of injury 7-18, 1932

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Struck by Auto

Nature of injury Fracture Tibia + Fibula

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Kerner, ~~M. D.~~

(Address) Dep. Coroner

9/6/32

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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 27 1957