

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

Do not use this space.

41091

1. PLACE OF DEATH

County Pike
Township Calumet
City Clarksville

Registration District No. 685
Primary Registration District No. 5909B

File No. 23
Registered No. 27
St. _____ Ward)

2. FULL NAME

Thomas G Banks

(a) Residence, No. _____ St. _____ Ward. _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 21 11 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired B A

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

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) Calumet Mississippi

13. NAME Jack Banks

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

15. MAIDEN NAME unknown

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

17. INFORMANT Anna G. Booker (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Burkham DATE Dec 21 1932

19. UNDERTAKER L. H. Brewer (ADDRESS) Clarksville

20. FILED Jan 2 1933 P. H. Mackery Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1932 to Dec 19 1932
I last saw him alive on Dec 17 1932 Death is said to have occurred on the date stated above, at 10:10 P. M.

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

Cerebral hemorrhage

Date of onset

Other contributory causes of importance:

General arterio sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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 _____

(Signed) E. M. Bartlett, M. D.

(Address) Clarksville Mo.

