Dr W

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

Do not use this space.

23896

1. PLACE OF DEATH
County New Madrid
Township St John
City ..... (No. ..... St. ..... Ward)

Registration District No. 547
Primary Registration District No. 6803

File No. .....
Registered No. 45

2. FULL NAME Edward Lee Banks

(a) Residence, No. ..... 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12. 1929

7. AGE YEARS 3 MONTHS 6 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
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) Mississippi, Co. Mo

FATHER
13. NAME Luther Banks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi Co, Mo

MOTHER
15. MAIDEN NAME Bertie Baker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi, Co

17. INFORMANT (ADDRESS) Luther Banks East Prairie, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dogwood DATE 7/8 1933

19. UNDERTAKER (ADDRESS) Irvis Shelby East Prairie, Mo

20. FILED 7-7 1933 Duff M Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/7 1933

22. I HEREBY CERTIFY, That I attended deceased from July 4 1933, to July 7, 1933
I last saw him alive on July 7, 1933 Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

Dysentery

Date of onset

Other contributory causes of importance:

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? ..... 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) Geo W Whitaker, M. D.
(Address) East Prairie Mo

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.

SEP 26 1934