

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

Do not use this space.

28142

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis** (No. **City Hospital #2**)

File No.
 Registered No. **7235**
 St. Ward)

2. FULL NAME

Ben O'Bannon
 (a) Residence, No. **3220 Franklin St., 21** 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 **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Unk**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unk**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Labourer**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **1946**
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation **24 8/20**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

13. NAME **Unk**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unk**

15. MAIDEN NAME **Unk**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unk**

17. INFORMANT **M. J. Ramans**
 (ADDRESS) **Cape Girardeau Mo**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cape Girardeau Mo** DATE **Aug 24 33**

19. UNDERTAKER **Ramans Und Co**
 (ADDRESS) **Cape Girardeau Mo**

20. FILED **Aug 22 1933**
J. F. Bredbeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 20, 1933**

22. I HEREBY CERTIFY, That I attended deceased (from 19....., to 19.....

I last saw h..... alive on..... Death is said to have occurred on the date stated above, at **4:45 P.M.**

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

**Sudden death of brain thrombosis
 Dislocation of cervical vertebra
 due to falling into an opening
 leading into building at 3201**

Other contributory causes of importance:
Franklin Avenue, Aug 14, 1933

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? **Accident** Date of injury **Aug 14, 1933**

Where did injury occur? **City**
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
3201 Franklin Ave

Manner of injury **Fall into opening leading into Bldg**
 Nature of injury **Accident**

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....

(Signed) **J. F. Bredbeck**
 (Address) **St. Louis**
8/24/33

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 1933

