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.

JAN 26 1934

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

Do not use this space.

39570

1. PLACE OF DEATH
County Cooper — Registration District No. 219 — File No. 2a
Township Palestine — Primary Registration District No. 5309 — Registered No. 30
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Zella Belle Banty
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Negro
5. ~~SINGLE,~~ MARRIED, ~~WIDOWED, OR DIVORCED~~ (write the word) Married
5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Carl Banty
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3rd 1907
7. AGE Years 26 Months 11 Days 12 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.
10. Date deceased last worked at this occupation (month and year) Dec.
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Petersburg Cooper Co Mo.

FATHER
13. NAME Wm Rowles
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bunceton Mo.

MOTHER
15. MAIDEN NAME Dora Ray.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bunceton.

17. INFORMANT (ADDRESS) Carl Banty Speed Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Speed Cemetery DATE Dec. 18th 1933
19. UNDERTAKER (ADDRESS) Schwitzky Warnhoff. Boonville Mo.
20. FILED Dec 18 1933 Hattie Roxlin Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15th, 1933
22. I HEREBY CERTIFY That I attended deceased from she was dead when I arrived, 19....
I last saw h..... alive on ....., 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:

	Date of onset
Hemorrage from lungs	
23A	
23B	
23	

Other contributory causes of importance: Tuberculosis

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? No
If so, specify .....
(Signed) E. M. Alsee, M. D.
(Address) Speed Mo