MAR 24 1934

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

Do not use this space.

8274

1. PLACE OF DEATH
County Clay — Registration District No. 201 — File No. 15
Township Liberty — Primary Registration District No. ~~5280~~ 2018 — Registered No.
City Liberty (No. ..., ... St. ..... Ward)

2. FULL NAME William Emmett Banks
(a) Residence, No. No. Missouri St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 20 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE~~ OF Phyllis DeMoss Banks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31-1904

7. AGE: YEARS 29 — MONTHS 4 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
10. Date deceased last worked at this occupation (month and year) 6 mo.
11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

FATHER
13. NAME Harry R. Banks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Md.

MOTHER
15. MAIDEN NAME Gertrude Truman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lansing Mich.

17. INFORMANT (ADDRESS) Robert Banks Spokane Wash.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty Mo DATE 3/8/34

19. UNDERTAKER (ADDRESS) Church-Archer Co Liberty Mo

20. FILED Mar. 6, 1934 E. T. Brant Registrar. Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1933 to March 6, 1934
I last saw him alive on March 5, 1934. Death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	
132A	
132	

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) F H Matthews, M. D.
(Address) Liberty 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.