

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

Do not use this space.

APR 25 1934

9876

1. PLACE OF DEATH

County Madison Registration District No. 620 File No. _____
Township W Primary Registration District No. 2031 Registered No. 30
City Mayville (No. 118 West Sixth St. _____ Ward)

2. FULL NAME Francis L. Bannan

(a) Residence, No. 118 West Sixth 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

6 MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 6 1

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

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Ohio

13. NAME See Bannan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden Germany

15. MAIDEN NAME Josephine Gardeisen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden Germany

17. INFORMANT Wesley Ora Bannan (ADDRESS) Mayville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys Church DATE Mar 14 1934

19. UNDERTAKER Assurances Furniture Co (ADDRESS) Mayville Mo

20. FILED 3-14 1934 Mamie G. Clerdy Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 1934

I HEREBY CERTIFY That I attended deceased from March 8 34 to March 12 34
I last saw him alive on March 12 1934. Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:
occlusion of lungs & acute dilatation of heart following fracture of ribs & sternum in a fall in his room

Other contributory causes of importance:
Quintessence - Chronic Prostatitis

Name of operation None Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 1934
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at home

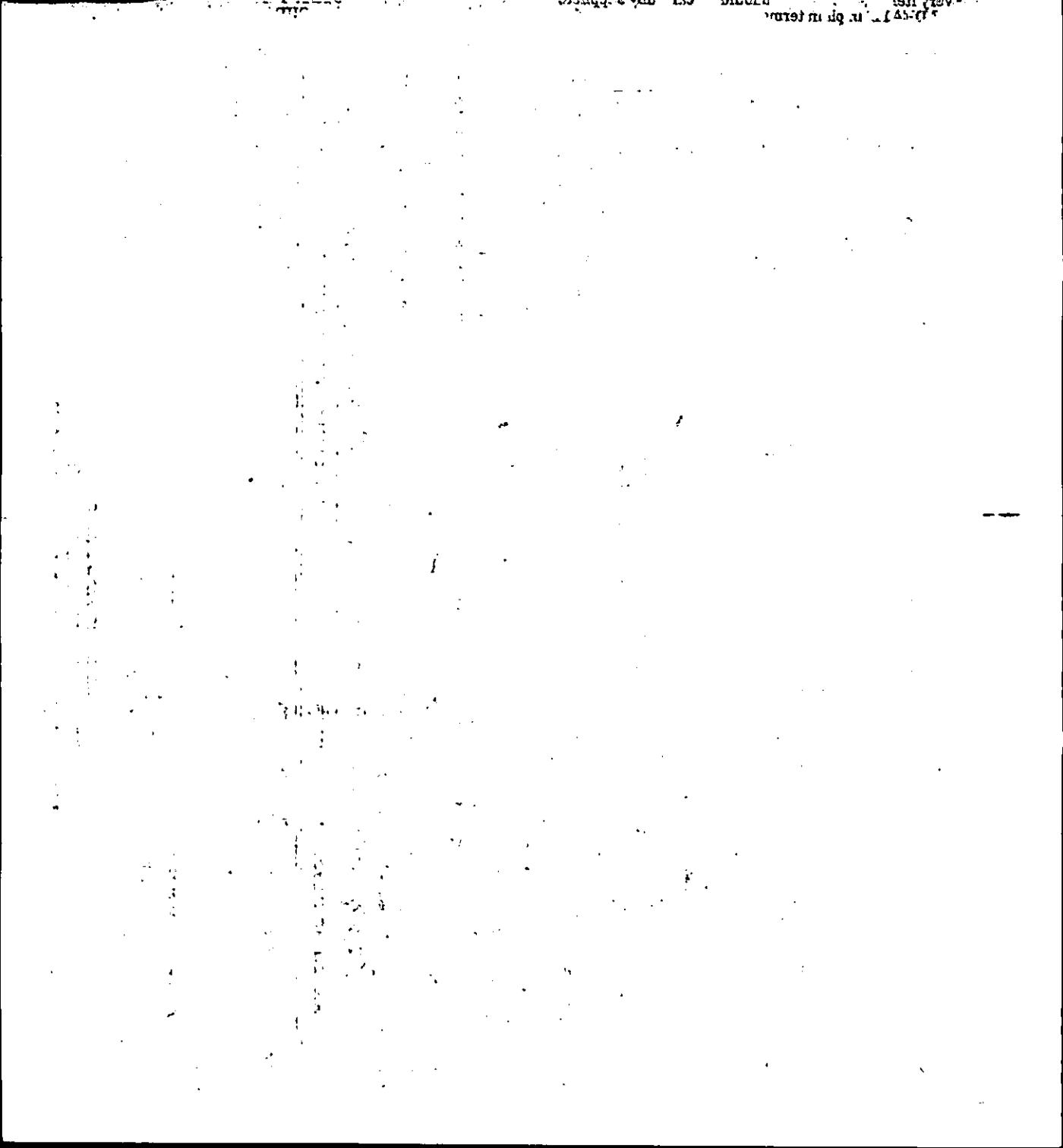
Manner of injury fell across foot rail of an iron bed
Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Chas J. Bee, M. D.
(Address) Mayville, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

7-9-34

2 10 10



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Madison
Township Maryville
City Maryville (No. _____) (St. _____ Ward)

Registration District No. 625
Primary Registration District No. 3031

File No. _____
Registered No. 50

2. FULL NAME

Frances L. Barmann Sr

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11 - 184

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 6 1

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.
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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 3-14 1934 Mamie E. Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 12 1934

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

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the _____ above, at _____ m.

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

Other contributory causes of importance: _____
Date of onset _____

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) _____, M. D.
(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
A. B. - Every entry in this column should be carefully supplied. A. B. should be stated where it is not otherwise stated. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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