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.

OCT 12 1934

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

Do not use this space.

1. PLACE OF DEATH
County Franklin — Registration District No. 294 — File No. 35683
Township Central — Primary Registration District No. 5419 B — Registered No.
City St. Clair (No. , St. Ward)

2. FULL NAME Harold Edward Banderman
(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 Male
4. COLOR OR RACE White
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) Oct 7, 1932
7. AGE YEARS 1 MONTHS 11 DAYS 26 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.
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) Franklin Co Missouri

FATHER
13. NAME Harry R. Banderman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co Mo.

MOTHER
15. MAIDEN NAME Sylvia Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co Missouri

17. INFORMANT (ADDRESS) Harry R. Banderman St. Clair, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope Mo DATE Oct 5 1934
19. UNDERTAKER (ADDRESS) Wm Casey Co Per B. M. G.
20. FILED Oct. 5 1934 W. H. Overhead Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-3- 1934
22. I HEREBY CERTIFY, That I attended deceased from 9-21- 1934, to 10-3- 1934
I last saw him alive on 10-3- 1934 Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

Ileocolitis 119 B

Date of onset Sept. 21

Other contributory causes of importance: 1198

Name of operation 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 , 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) W. E. Kitchell, M. D.
(Address) St. Clair