

MAR 20 1935

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 35
Township Joseph Primary Registration District No. 2001
City Joseph (No. 1724, No 22) St. _____ Ward _____

4488

File No. _____

Registered No. 256

2. FULL NAME

William Henry Banner
(a) Residence, No. 1724 No 22 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 30 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 wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-8-1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
57 1 19

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

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) 1-9-31 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Wisconsin13. NAME H. J. Banner14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio15. MAIDEN NAME Mary Jacobs16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Wisconsin17. INFORMANT Rose Banner
(ADDRESS) St Joseph Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial DATE March 18 193519. UNDERTAKER J. H. Perry
(ADDRESS) St Joseph Mo20. FILED 2-1-35 John R. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27th 193522. I HEREBY CERTIFY, That I attended deceased from April 1931, to Feb 27 1935I last saw him alive on Feb 27 1935. Death is said to have occurred on the date stated above, at 8:00 a.m.

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

Pulmonary Tuberculosis Date of onset Apr 1931

Other contributory causes of importance: 23
noneName of operation none Date of _____What test confirmed diagnosis? Ex. Feb 7 X-Ray Was there an autopsy? No23. 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. Shores, M. D.(Address) 317 Kirkpatrick Bldg
St. Joseph 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.

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