

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

Do not use this space.

APR 2 3 1935

4810

**1. PLACE OF DEATH**

County Cooper  
Township Saline  
City (No. ) St. Ward

Registration District No. 225  
Primary Registration District No. 5306

File No. \_\_\_\_\_  
Registered No. 94

**2. FULL NAME**

Mr Ben Banks

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
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 <u>male</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 24 1852</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>1</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer.</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>11</u>		
15. MAIDEN NAME <u>11</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>11</u>		
17. INFORMANT <u>John Banks</u> (ADDRESS) <u>Boonville mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Rock Mill mo</u> DATE <u>Feb 5 35</u>		
19. UNDERTAKER <u>Goodway + Walker</u> (ADDRESS) <u>Boonville mo.</u>		
20. FILED <u>Feb 9 35</u> <u>W C Cooper</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3rd 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-1 to 2-2-35

I last saw him alive on 1-31, 1935 Death is said to have occurred on the date stated above, at 7 A. m.

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

Chr Valvular Disease of Heart Date of onset Unknown

Other contributory causes of importance: 920

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 \_\_\_\_\_, 1935

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) D. H. Meredith, M. D.

(Address) Frank House Mo

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.

WIFE FATHER, WITH OWNING INK—THIS IS A PERMANENT RECORD

