

APR 24 1935

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

Do not use this space.

9934

## 1. PLACE OF DEATH

County Monroe  
Township Jefferson  
City                      No.                     

Registration District No. 927  
Primary Registration District No. 5781B

File No.                       
Registered No.                      St.                      Ward                     

## 2. FULL NAME

Annie Lee Bannister(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 46 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 James D. Bannister6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 - 18717. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 1 78. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. 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) Shelbina Mo.13. NAME Henry Gardner14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know15. MAIDEN NAME Louise Eddings16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Francis Bannister, Sloutsville Mo R 218. BURIAL, CREMATION, OR REMOVAL PLACE Sloutsville Cem DATE Mar. 23 193519. UNDERTAKER (ADDRESS) Wilson + Son, Monroe City, Mo.20. FILED 49-9, 1935 Mrs. A. W. Bousman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March - 21 - 35I HEREBY CERTIFY, That I attended deceased from Feb 12, 1935, to March 21, 1935I last saw her alive on March 21, 1935. Death is saidto have occurred on the date stated above, at 7:30 a.m.

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

Paralysis due to cerebral hemorrhage, 1935  
9562

Other contributory causes of importance:

Chronic cardiac disease with hypertension  
1935

Name of operation None Date of                     What test confirmed diagnosis                      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? No.If so, specify                     (Signed) A. W. Bousman, M. D.(Address) Monroe City, 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.

