

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

Do not use this space.

15337

1. PLACE OF DEATH

County Sullivan
Township Milan
City Milan (No. _____)

Registration District No. 852
Primary Registration District No. 4518

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Rosa C. Banks
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 50 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward B. Banks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26, 1843

7. AGE YEARS 91 MONTHS 4 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Shelby County, Kentucky (STATE OR COUNTRY)

13. NAME Robert A. Campbell

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

15. MAIDEN NAME Hester Long

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

17. INFORMANT Miss Eda Banks (ADDRESS) Milan, Mo.

18. BURIAL, CREMATION, OR REMOVAL Linneus, Mo. DATE April 26, 1935

19. UNDERTAKER C. A. Schobert (ADDRESS) Milan, Mo.

20. FILED May 9, 1935 Clas Hagan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1935

22. I HEREBY CERTIFY That I attended deceased from April 24, 1935, to April 24, 1935.
I last saw her alive on April 24, 1935. Death is said to have occurred on the date stated above, at 3:45 p.m.
The principal cause of death and related causes of importance were as follows:

myocarditis
Death was sudden while going down
Other contributory causes of importance: arteriosclerosis
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? No
If so, specify _____

(Signed) Ernest W. Simpson, M. D.
(Address) Milan, 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.

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