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.

JUN 20 1939

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

Do not use this space.

16222

1. PLACE OF DEATH
County Grundy — Registration District No. 328
Township — Primary Registration District No. 3017
City Trenton (No. ..., ... St. ..... Ward)
File No. .....
Registered No. .....

2. FULL NAME Mattie Fedalia Banton
(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 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arthur Banton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-24-1898

7. AGE: YEARS 36 — MONTHS 8 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife
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) Davies Co. Missouri

FATHER
13. NAME John Craushaw
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davies Co. Missouri

MOTHER
15. MAIDEN NAME Linnie Faston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gallatin Missouri

17. INFORMANT (ADDRESS) John Craushaw Trenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Trenton Maple Grove Cem DATE May 7th 1935

19. UNDERTAKER (ADDRESS) Raymond Davis #3424 Trenton, Missouri

20. FILED 5-7 1935 Irene D Fair
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5th 1935

22. I HEREBY CERTIFY, That I attended deceased from ✓, 19..., to ✓, 19...
I last saw h... ✓ alive on ✓, 19... Death is said to have occurred on the date stated above, at 8:15 P.m.
The principal cause of death and related causes of importance were as follows:

Death by gun shot wound in abdomen with homicidal intent — ~~[illegible]~~

Date of onset

Other contributory causes of importance: None

Name of operation ✓ 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? Homicide Date of injury 5-5, 1935
Where did injury occur? Trenton, Mo. At her home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home.
Manner of injury Shot by her husband.
Nature of injury Gun shot wound in abdomen.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ✓
(Signed) Herbert C Kimberlin, M. D.
(Address) Trenton, Mo. Coroner

Grundy Co.