

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.

NOV 26 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

33678

1. PLACE OF DEATH

County Dutson
 Township Jackson
 City Unionville (No. 3)

Registration District No. 718
 Primary Registration District No. 5999

File No. _____
 Registered No. 37
 St. _____ Ward _____

2. FULL NAME

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Remarried

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
69 7 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm work
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co Mo

13. NAME Samuel T. Banner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Sarah Baldridge

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co Mo

17. INFORMANT Everett R. Bond (ADDRESS) Unionville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Grove DATE Oct 4

19. UNDERTAKER Amstock Men Co (ADDRESS) Unionville Mo

20. FILED Oct 5 1935 W. H. Gillum Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Sept 28 1935 to Oct 3 1935

I last saw h. a. m. alive on Sept 28 1935 Death is said to have occurred on the date stated above, at 4:30 A. m.

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

General arteriosclerosis Date of onset 1917

Other contributory causes of importance: Angina pectoris 9/25/35

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? _____

If so, specify _____ (Signed) John H. Burton M. D.

(Address) Unionville

