

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.

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

Do not use this space.

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1. PLACE OF DEATH

County Andrew
Township Salt River
City (No.)

Registration District No. 26
Primary Registration District No. 5034 5034

File No.
Registered No. 17
St. Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

7 ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

St.

Ward.

Leocompton, Kansas
(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 (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Geo. J. Banks

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

March 14, 1874

7. AGE

YEARS

61

MONTHS

10

DAYS

8

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housekeeper

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)

West Lodi, Ohio

13. NAME

F. Beatty Armstrong

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

Ohio, U.S.A.

15. MAIDEN NAME

Mattie McChung

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

Ohio, U.S.A.

17. INFORMANT (ADDRESS)

Herman F. Banks
Leocompton, Kansas

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Laurence, Kansas

19. UNDERTAKER (ADDRESS)

Hughes, Main
San Jose, Mo.

20. FILED

Jan 23, 1936

Blanche Neely

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan. 22, 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 21 1936, 19....., to January 22 1936, 19.....

I last saw her alive on January 22, 1936 Death is said

to have occurred on the date stated above, at 9.20 P.

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

Diabetic Coma

Date of onset

Other contributory causes of importance:

Interstitial Nephritis

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? Date of injury

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)

B. Nichols
Auxvasse, Missouri

M. D.

