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.

JAN 21 1936

1339

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 192
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME John Franklin Banting
(a) Residence, No. 317 Cypress St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
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: Mrs Martha Banting
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 29, 1897
7. AGE: YEARS 37 — MONTHS 8 — DAYS 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Alton, B & O.
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): South River Ontario - Canada

FATHER
13. NAME: John F. Banting
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: Anna Morrison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Toronto Canada

17. INFORMANT (ADDRESS): Homer Banting Iroquois Falls Ont
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Moriah DATE Jan 14 1936
19. UNDERTAKER (ADDRESS): Downeweaners Sons Kansas City - Mo
20. FILED Jan 13 1936 M. M. Crome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan - 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1935, to Jan 12, 1936
I last saw him alive on Jan 11, 1936. Death is said to have occurred on the date stated above, at 4:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess Brain	1-4-36
Multiple abscesses Right Lung	12-20-35
Sub Phrenic abscess	11-8-35

Other contributory causes of importance:

Ruptured Duodenal Ulcer	9-21-35

Name of operation Drainage of abscess Date of 12-20-35 11-15-35
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) [illegible], M. D.
(Address) 3-3 N. Elmwood

1-5 pmd.

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

Do not use this space.

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399 — File No.:
Township: — Primary Registration District No.: 1002 — Registered No.: 192
City: Kansas City (No. Research Hospital St. Ward)

2. FULL NAME: John Franklin Bantind
(a) Residence, No. 317 Cypress St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): M

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

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

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
37	8	13	

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME: Sputum repeatedly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): tested for tubercle

17. INFORMANT (ADDRESS): bacilli, always negative
18. BURIAL, CREMATION, OR REMOVAL: G W Rose MD
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 7-13 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 12 1936

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

	Date of onset
Abscess Brain — Non Pyogenic	
Multiple Abscesses Right lung (Non tuberculous)	
Sub phrenic Abscess	

Other contributory causes of importance:
Ruptured Duodenal Ulcer
No further history

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) G. W. Rose, M. D.
(Address) 103 N. Elmwood

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-1339