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

APR 21 1936

Do not use this space.

11542

1. PLACE OF DEATH
County Madison
Township
City Fredericktown (No. ..... St. ..... Ward)

Registration District No. 538
Primary Registration District No. 3028

File No.
Registered No. 29

2. FULL NAME Frederick Joseph Banes

(a) Residence, No. ..... 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) Dyes

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-22-1884

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
51	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe fitter
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) Mine La Motte Mo.

FATHER

13. NAME Madison Banes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER

15. MAIDEN NAME Elizabeth Budenholzer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mine La Motte Mo.

17. INFORMANT (ADDRESS) Mrs Catherine Ray Fredericktown Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Mar-17 1936

19. UNDERTAKER (ADDRESS) Ed. H. Webb Fredericktown Mo.

20. FILED Mch 17 1936 S. C. Slaughter Registrar.
By C. D. Schwaner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-15, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-5, 1936, to 3-15, 1936
I last saw him alive on 3-15, 1936. Death is said to have occurred on the date stated above, at 10:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1934
23	

Other contributory causes of importance:

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) W Harry Barron, M. D.
(Address) Fredricktown Mo

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.