DEC 20 1936

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

Do not use this space.

41708

File No.

Registered No. 143

1. PLACE OF DEATH

County Johnson — Registration District No. 431

Township — Primary Registration District No. 3023

City Warrensburg (No. , St. Ward)

2. FULL NAME Julia M. Banks

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fe	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12, 1926

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
10	1	12	

OCCUPATION

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

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) Warrensburg Mo.

FATHER

13. NAME John Banks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo.

MOTHER

15. MAIDEN NAME Eviline Rollins

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

17. INFORMANT Charles Banks
(ADDRESS) Warrensburg Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Hill DATE Nov. 25, 1936

19. UNDERTAKER W. F. Wilcox Funeral Service
(ADDRESS) Warrensburg Mo.

20. FILED Nov. 24, 1936 Ezra Fleming
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1936, to Nov 24, 1936, I last saw h. alive on Nov 23, 1936. Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

Gastro-Enteritis — Date of onset 2 days

Other contributory causes of importance

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) Wm R Patterson, M. D.
(Address) Warrensburg Mo

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.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD