

DEC 8 1936

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

Do not use this space.

42190

1. PLACE OF DEATH

County Pike

Registration District No. 689

Township Buffalo

Primary Registration District No. 3033

City Louisiana

(No. 1421, N. Car)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1421 N. Car

St. _____ Ward _____

(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 <u>Female</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Banks</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 9 - 77</u>		
7. AGE YEARS <u>58</u>	MONTHS <u>11</u>	DAYS <u>13</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	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) <u>Louisiana Mo</u>

FATHER	13. NAME <u>Banks Moore</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	15. MAIDEN NAME <u>Minerva Parsons</u>

MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike Co. Mo</u>
	17. INFORMANT (ADDRESS) <u>Minerva Moore</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Riverview</u>	DATE <u>11/25</u>
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19. UNDERTAKER (ADDRESS) <u>J. C. Hays</u>

20. FILED <u>11/22 1936</u>

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-22, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw her alive on _____, 1936. Death is said

to have occurred on the date stated above, at 11:15 p.m.

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

Decomposed Heart

Other contributory causes of importance:

Name of operation bln Date of no

What test confirmed diagnosis? no 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) J. H. Miller, M. D.

(Address) Louisiana Mo

