

APR 8 1937

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

Do not use this space.

9372

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. 1099

Township Law

Primary Registration District No. 1031

Registered No. \_\_\_\_\_

City N. P. Mo (No. 2217)

College

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Francis Bannon

(a) Residence, No. 2217 College 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 Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. 72 9 23

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

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) Jackson County, Mo

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) J. O. Drake  
12742 Myrtle Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrensburg Mo DATE Mar-3-37

19. UNDERTAKER (ADDRESS) Mrs. C. S. Forster  
918 Brooklyn

20. FILED 3/2 19 37 Mo College Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-28-1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1937, to Feb 28, 1937

I last saw him alive on Feb 18, 1937 Death is said to have occurred on the date stated above, at 11:15 am

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

coronary thrombosis Date of onset 4/27/37  
930

Other contributory causes of importance: chronic myocarditis

general atherosclerosis

Name of operation \_\_\_\_\_ 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) Hubert Valentine M. D.  
(Address) 1128 Professional Bldg

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.

OCCUPATION FATHER MOTHER

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31

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