

APR 9 1937

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

Do not use this space.

791
1003

9896

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City, St. Louis, Mo. (No. City Hospital #1) St. 1 Ward 1

File No.....
Registered No. 3453

2. FULL NAME James L. O'Bannon

(a) Residence, No. n.p. St. Leesville, Louisiana
(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.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Irene O'Bannon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 24, 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 34 2 5

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common

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) Unknown

13. NAME (Unknown) O'Bannon

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Irene O'Bannon
(ADDRESS) Lebanon, Illinois

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lebanon, Ill. DATE Mar. 2nd, 1937

19. UNDERTAKER Albert H. Hoppe Inc.
(ADDRESS) 429 N. Euclid Avenue

20. FILED MAR 2 1937
J. T. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1st, 1937

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

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:30 AM

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

Cellulitis of Neck with Necrosis following Extraction of Teeth
Date of onset 1150

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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) Alfred P. Perry, M.D.

(Address) Deputy Coroner

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.

WHITE PAPER, WITH WRAPING INK—THIS IS A PERMANENT RECORD

490

UNKNOWN

OCCUPATION

MOTHER FATHER

