

APR 23 1937

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

Do not use this space.

12947

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1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia (No. _____)

Registration District No. 668
Primary Registration District No. 3032

File No. _____
Registered No. 668 St. _____ Ward _____

2. FULL NAME

Emma Cordelia Banks

(a) Residence, No. 420 W. Pettis 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 F 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
44 1 25

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

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Slater (STATE OR COUNTRY) Missouri

13. NAME Will Strother

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

15. MAIDEN NAME Jane Strother

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

17. INFORMANT Harrison Strother (ADDRESS) Sedalia

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia Mo DATE Mar 16 1937

19. UNDERTAKER F. D. Ferguson (ADDRESS) Sedalia

20. FILED Mar 16 1937 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-11-1937

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1936, to 3-11, 1937
I last saw her alive on 3-11, 1937. Death is said

to have occurred on the date stated above, at 109 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Myocarditis

Other contributory causes of importance: 131
Spas. Intestinal? Hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? Chinidol 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?
If so, specify _____

(Signed) G. B. Marshall, M. D.
(Address) 116 E. W. corner

