

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.

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

Do not use this space.

OCT 27 1937

1. PLACE OF DEATH

County Wayne

Registration District No. 891

Township Clinton

Primary Registration District No. 6191

City

(No. )

St.

Ward)

File No. 35589

Registered No. 8

2. FULL NAME

Albert Banks Jr.

(a) Residence, No. 1017 5<sup>th</sup> St.

St.

Ward.

Brooklyn, Ill.

(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

Male

4. COLOR OR RACE

negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

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

✓

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

Sept. 4, 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .....hrs. or .....min.

11

7

OCCUPATION

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

Infant

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)

Brooklyn, Ill.

13. NAME

Albert Banks

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

Venice, Ill.

15. MAIDEN NAME

Ollie Golser

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

17. INFORMANT (ADDRESS)

Albert Banks Jr.  
Brooklyn, Ill.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Piedmont DATE 8-12 1937

19. UNDERTAKER (ADDRESS)

20. FILED

9-27-37 T. C. Piles M.D.  
Registrar

MEDICAL CERTIFICATE OF DEATH

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

8-11-1937

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.....m.

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

Car left road on Highway #67, near Lodi, Mo. crushing skull of baby

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8-11, 1937

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
on Highway #67, near Lodi, Mo.

Manner of injury auto accident

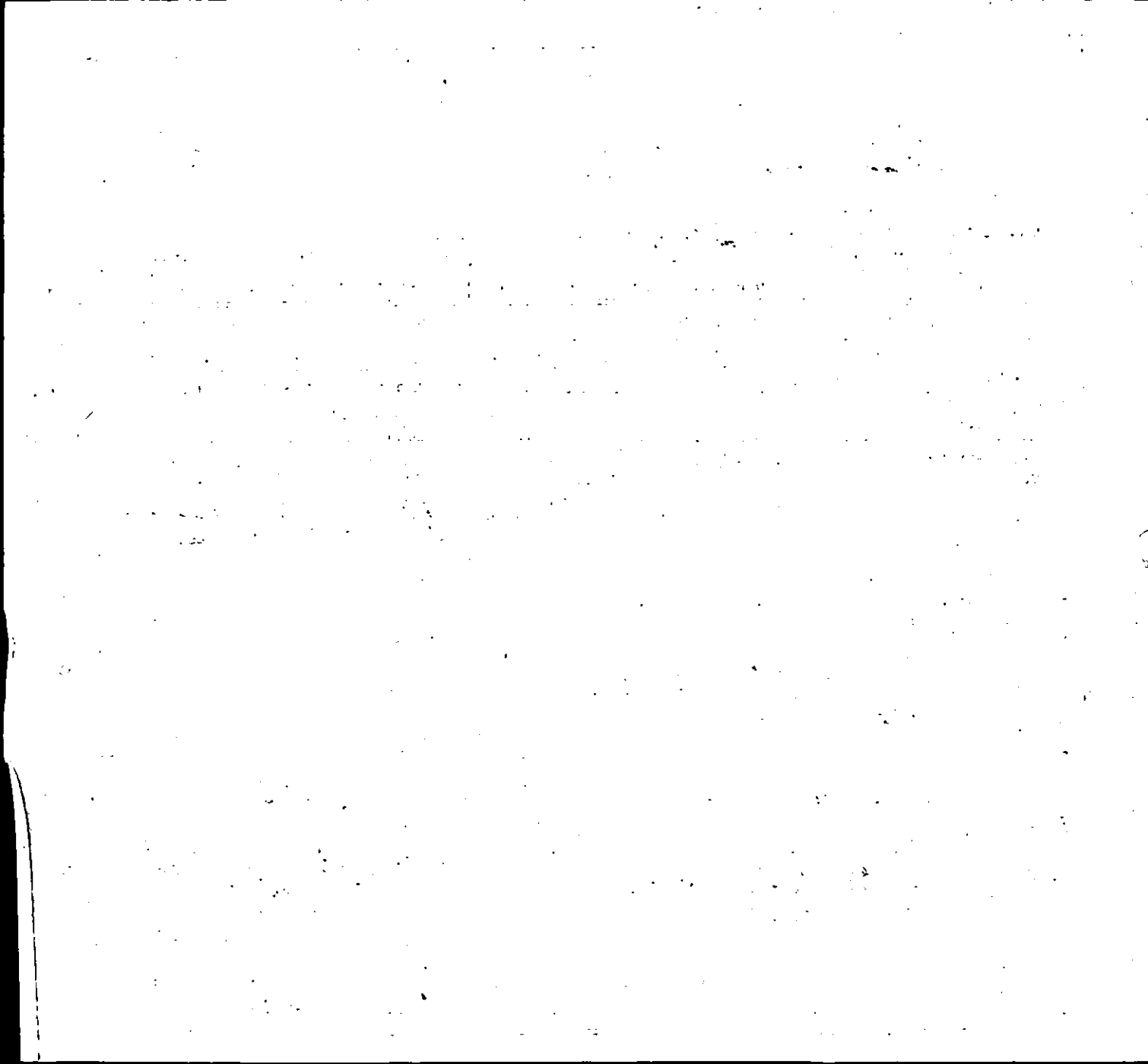
Nature of injury Crushed skull of Infant.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Clinton Wilson, Coroner

(Address) Piedmont, Mo.



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Wayne

Township Benton

City                      (No.                     )

Registration District No. 891

Primary Registration District No. 191

File No. 35589

Registered No.                     

St.                      Ward                     

2. FULL NAME

Albert Banks Jr.

(a) Residence, No.                      St.                      Ward                     

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 11 7

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Burial DATE 8-12

19. UNDERTAKER (ADDRESS)

20. FILED 9/27/1937 F. B. Piles M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

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I last saw him                      alive on                     , 19                     Death is said to have occurred on the date stated above, at                      m.

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

Date of onset                     

Other contributory causes of importance:                     

Name of operation                      Date of                     

What test confirmed diagnosis?                      Was there an autopsy?                     

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)                      M. D.

(Address)

5-35509