

NOV 24 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County *Wright*
 Township *North Grove*
 City *Wright* (No. *908* 1 2)

Registration District No. *908*
 Primary Registration District No. *6222*

File No. *39107*
 Registered No. *48*
 St. *Wright* Ward *1*

2. FULL NAME

(a) Residence, No. *John George Baner* St. *Wright* Ward *1*
 (Usual place of abode)

Length of residence in city or town where death occurred *5* 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Annie Baner</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 23 1858</i>		
7. AGE <i>78</i>	YEARS <i>24</i>	MONTHS <i>8</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Minister</i>		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) <i>Hermann Mo.</i>
13. NAME <i>Casper Baner</i>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Switzerland</i>
15. MAIDEN NAME <i>Unknown</i>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Switzerland</i>
17. INFORMANT (ADDRESS) <i>Mrs John Baner</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Chapman Mo</i> DATE <i>10-1-</i> 19 <i>37</i>
19. UNDERTAKER (ADDRESS) <i>Botten Funeral Home</i>
20. FILED <i>11-1-</i> 19 <i>37</i> <i>Bessie Montgomery</i> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 31 1937*22. I HEREBY CERTIFY, That I attended deceased from *Sept 29, 1937, to Oct 30, 1937*

I last saw him alive on *Oct 30, 1937* Death is said to have occurred on the date stated above, at *2:45 A.M.*

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

Other contributory causes of importance:
11/12

Name of operation *11/12* Date of *11/12*
 What test confirmed diagnosis? *11/12* Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *11/12* Date of injury *11/12*
 Where did injury occur? *11/12* (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *11/12*
 Nature of injury *11/12*

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify *11/12*
 (Signed) *R.A. Ryan* M. D.
 (Address) *Wright*

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.

