

8-11-37  
JAN 25 1938  
11-11-37

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

Do not use this space.

45870

1. PLACE OF DEATH

County Wayne  
Township Center Green  
City none (No. ....)

Registration District No. 793

Primary Registration District No. 6195-a

File No. 47034  
Registered No. .... St. .... Ward)

2. FULL NAME

(a) Residence, No. 101 N. 5th St. St. .... Ward. Brooklyn, Illinois  
(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

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 Illinois 2

13. NAME Albert Banks 2

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Genese Illinois 2

15. MAIDEN NAME Oline Seim

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

17. INFORMANT (ADDRESS) Albert Banks Brooklyn, Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE East St. home DATE Aug 12 1937

19. UNDERTAKER (ADDRESS) J. P. Marshall 2205 2nd Ave. E. Chicago

20. FILED Aug 12 1937 J. F. Paullus Registrar.

MEDICAL CERTIFICATE OF DEATH

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

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

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:

Auto driven by Albert Banks, driver lost control, left road on wrong side, and threw deceased against door and crushed skull.  
Date of onset

Other contributory causes of importance: None.

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)

On Highway No. 67 New York, Mo.

Manner of injury Automobile accident

Nature of injury Auto left road and crushed skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Clinton W. Lewis M. D.

(Address) Chillicothe

Piedmont

