

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

**3337**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Livingston Registration District No. 508  
 (b) Township..... Primary Registration District No. 5026 Registered No. 183  
 (c) City Chillicothe (d) Street No. Chillicothe Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME Walter Via Banks 520**

(a) Residence, No. 26 Third St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mary Banks  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 4, 1893  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
44 9 23  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barber  
 9. Industry or business in which work was done, as 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) Dalton 0  
 (STATE OR COUNTRY) Missouri 0  
 FATHER 13. NAME Jackson Banks 0  
 14. BIRTHPLACE (CITY OR TOWN) Chariton County  
 (STATE OR COUNTRY) Missouri  
 MOTHER 15. MAIDEN NAME Lula Agee  
 16. BIRTHPLACE (CITY OR TOWN) Chariton County  
 (STATE OR COUNTRY) Missouri  
 17. INFORMANT Bessie Banks  
 (ADDRESS) Chillicothe, Missouri  
 18. BURIAL, CREMATION, OR REMOVAL PLACE North Colored DATE 1-30 '38  
 19. FUNERAL DIRECTOR F. B. Norman  
 (ADDRESS) Chillicothe, Missouri  
 20. FILED Jan 29 1938 Donald M. Sewell Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1938  
 22. I HEREBY CERTIFY That I attended deceased from Jan 19 1938 to Jan 27 1938  
 I last saw him alive on Jan 26 1938. Death is said to have occurred on the date stated above, at 2:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Mucous Colitis with fibrosis & atrophy of intestine Date of onset ?  
 Other contributory causes of importance:  
 Name of operation clinical autopsy Date of Jan 27  
 What test confirmed diagnosis clinical autopsy Was there an autopsy? yes  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? X 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) P. P. Brennan, M. D.  
 (Address) Chillicothe, Mo

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.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, F. B. Norman, Licensed Embalmer No. 1404

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. \_\_\_\_\_ or by Elton F. Norman, Registered Apprentice No. 79

working under my personal supervision.

Signed

*F. B. Norman*

Licensed Embalmer No. 1404

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**