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.

REC'D AUG 24 1938

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

Do not use this space.

File No. 25154
Registered No. 60

1. PLACE OF DEATH
County: COOPER
Registration District No. 218
Primary Registration District No. 3015
Township:
City: BOONVILLE (No. , St. Ward)

2. FULL NAME: MRS ISADORA LOUISE BANKS 52.11

(a) Residence, No. WATER 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: FEMALE
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED

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

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

7. AGE: YEARS: ABOUT 69 MONTHS: – DAYS: – If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: HOUSEKEEPER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: HOME
10. Date deceased last worked at this occupation (month and year): DEC 1937
11. Total time (years) spent in this occupation: LIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): HOWARD COUNTY MISSOURI

FATHER
13. NAME: WILLIS BRISCOE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN

MOTHER
15. MAIDEN NAME: UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

17. INFORMANT (ADDRESS): MRS STELLA JONES BOONVILLE MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: GOOCH MILL MO DATE: JULY 10, 1938

19. UNDERTAKER (ADDRESS): STEGNER-KOENIG BOONVILLE MO.

20. FILED: July 11, 1938 D. E. Hooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JULY 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1938, to July 7, 1938
I last saw him on alive on July 7, 1938. Death is said to have occurred on the date stated above, at 10 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	unknown

Other contributory causes of importance:

Name of operation: none Date of:
What test confirmed diagnosis? clinical 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? no
If so, specify

(Signed) J. C. Tinchen, M. D.
(Address) Boonville, Mo.