

REC'D OCT 18 1938

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

32671  
Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 508  
 (b) Township ..... Primary Registration District No. 3026 Registered No. 290  
 (c) City Chillicothe (d) Street No. .... 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 Mary Banks

(a) Residence, No. 26 Third Street 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22, 1938

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

22. I HEREBY CERTIFY that I attended deceased from Sept 15, 1938 to Sept 22, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1873

I last saw her alive on Sept 15, 1938. Death is said to have occurred on the date stated above, at 4:30 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 8 27

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

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

apoplexy

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Medicine Township

Other contributory causes of importance:

FATHER 13. NAME Wash Miller

Hypertension & arteriosclerosis

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

Name of operation clinical Date of

MOTHER 15. MAIDEN NAME Rhodia Collins

What test confirmed diagnosis: clinical Was there an autopsy? no

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard County Mo.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

17. INFORMANT (ADDRESS) Mr. Scott

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE North DATE 9/24/38

Specify whether injury occurred in industry, in home, or in public place.

19. FUNERAL DIRECTOR (ADDRESS) Meinershagen Mortuary

Manner of injury none

20. FILED Sept 27, 1938 Donald M. Lowell

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) A. B. Brunner, M. D. (Address) Chillicothe, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, W. Warren Simpson, Licensed Embalmer No. 3965

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

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed W. Warren Simpson  
Licensed Embalmer No. 3965

**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.)**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH
- (a) County Livingston Registration District No. 508
- (b) Township Chillicothe Primary Registration District No. 3026 Registered No. ....
- (c) City Chillicothe (d) Street No. .... 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 Mary Banks
- (a) Residence, No. .... 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 7 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Wid
- 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.
- 64 8 27
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ....
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) (STATE OR COUNTRY) .....
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....
17. INFORMANT (ADDRESS) .....
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19 .....
19. FUNERAL DIRECTOR (ADDRESS) .....
20. FILED 10/27/1938 Donald McDowell, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22, 1938

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:

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) R. J. Anderson, M. D.

(Address) Chillicothe mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-32671