

REC'D MAR 17 1939

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

7096
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 508
(b) Township Bellevue Primary Registration District No. 3026
(c) City Bellevue (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

(a) Residence, No. 525 Jesse B Bankson 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Volta Bankson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 3 - 1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 - 17
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retiree
9. Industry or business in which work was done, as saw mill, bank, etc. General work
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 64 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
13. NAME Jesse B Bankson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
15. MAIDEN NAME Susan A Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elkhart Indiana
17. INFORMANT (ADDRESS) Gerris Bankson
Frederick Mo
18. BURIAL, CREMATION, OR REMOVAL OF REMAINS PLACE Frederick Mo DATE Feb - 22 - 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jarrett B Gordon
Bellevue Mo 4
20. FILED 2-21-39 Donald M. Sawell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 20 - 1939
22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1938 to Feb 21 1939
I last saw him alive on Feb 19 1939. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 1935
Other contributory causes of importance: 92C

Name of operation _____ Date of _____
What test confirmed diagnosis? plumal 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) A. Pelley, M. D.
(Address) Bellevue Mo

RECEIVED

District Health Officer No. 11,

District File Number 29-16

Date Filed 3-8-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James D. Gordon....., Registered Apprentice No.....
working under my personal supervision.

Signed James D. Gordon.....

Licensed Embalmer No. 1870

P. O. Address Phillips M

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.)

If this body is not embalmed, above space should be left blank.