

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should list CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 23 1940

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

Do not use this space.

7927

1. PLACE OF DEATH

County Ripley

Registration District No. 750

File No. _____

Township Johnson

Primary Registration District No. 5985

Registered No. 1667

City Paris Bluff

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Paris Bluff Mo. R#6 Q. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE w 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) Feb. 18 1940

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Paris Bluff Mo. R#6

13. NAME Silas Bannard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Bluff Mo. R#6

15. MAIDEN NAME Missie C Bannard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Bluff Mo. R#6

17. INFORMANT Silas Bannard

18. BURIAL, CREMATION, OR REMOVAL

PLACE Tracy DATE 2/24 1940

19. UNDERTAKER J. H. Phillips

(ADDRESS) Paris Bluff Mo. R#6

20. FILED 2/24 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 22 1940

22. I HEREBY CERTIFY, That I attended deceased from FEB 20 1940 to FEB 23 1940

I last saw him alive on FEB 22 1940 Death is said to have occurred on the date stated above, at 5:00 p.m.

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

Date of onset _____

Human case of Dilating Phrenetic malarial

Other contributory causes of importance: 16

Hemiplegia

Name of operation Prostate Dilatation Date of _____

What test confirmed diagnosis? Congestion 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) Heck Howell M. D.

(Address) Paris Bluff Mo. R#6

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7927

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 751

Primary Registration District No. 5995

Registrar's No.

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Johnson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME

Elmo Aaron BANSWORTH

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ years (Day) _____ (Year) _____

7. Birth date of deceased 7 Feb

(Month) _____ (Day) _____ (Year) _____

8. AGE:

Years

Months

Days

If less than one day _____ min.

9. Birthplace

Poplar Bluff
(City, town, or county)

(State or foreign country)

10. Usual occupation

Sub

11. Industry or business

12. Name

Silas B Bansworth

13. Birthplace

Mo
(City, town, or county)

(State or foreign country)

14. Maiden name

Minnie Channel

15. Birthplace

Mo
(City, town, or county)

(State or foreign country)

16. (a) Informant

Silas Bansworth

(b) Address

17. (a)

(b) Date thereof

2-24-40
(Month) (Day) (Year)

(c) Place: burial or cremation

Freeman Cem

18. (a) Signature of funeral director

W. J. Pabel

(b) Address

Poplar Bluff Mo

19. (a)

Jan 15-1940
(Date received local registrar)

(b)

J. E. White
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Feb day 22 year 1940 minutes 50 P. M.

21. I hereby certify that I attended the deceased from Feb 22 to Feb 22 1940.
that last saw him alive on Feb 22 1940.
that death occurred on the date and hour stated above.

Immediate cause of death

Senile brain from Dilatory Preputial metastasis

Due to

Due to

Hemophilia

Other conditions

(Include pregnancy within 3 months of death)

Preputial Dieted

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(f) Means of injury

23. Signature

J. Lee Harrell
(M.D. or other)

Address

Poplar Bluff Mo

