

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

42724

**1. PLACE OF DEATH**

County Harrold  
Township Wesleyville  
City Coal Mo (No.     )

Registration District No. 347  
Primary Registration District No. 5501A

File No.       
Registered No. 67  
St.      Ward)     

**2. FULL NAME**

(a) Residence. No. Coal Mo St.      Ward.       
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs.      mos.      ds. How long in U. S., if of foreign birth?      yrs.      mos.      ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ora Banta.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 2nd 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 1 1 1

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Practicing Physician  
(b) General nature of industry, business, or establishment in which employed (or employer)       
(c) Name of employer     

9. BIRTHPLACE (CITY OR TOWN) Cooper Co Mo  
(STATE OR COUNTRY)     

10. NAME OF FATHER C.C. Banta

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont.  
(STATE OR COUNTRY) Possibly Kentucky

12. MAIDEN NAME OF MOTHER Mary Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont know.  
(STATE OR COUNTRY)     

14. INFORMANT Ora Banta  
(Address) Coal Mo

15. 11-6-34 J. B. Humphreys  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-4-34

17. I HEREBY CERTIFY, That I attended deceased from 4-18-, 1934 to 12-5-, 1934 that I last saw      alive on 12-2-, 1934 and that death occurred, on the date stated above, at 7:40 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of sigmoid  
H6C

(duration) 2 yrs.      mos.      ds.

CONTRIBUTORY (SECONDARY) H6C  
(duration)      yrs.      mos.      ds.

18. WHERE WAS DISEASE CONTRACTED       
IF NOT AT PLACE OF DEATH.     

DID AN OPERATION PRECEDE DEATH? Yes DATE OF About 4/1/34

WHAT TEST CONFIRMED DIAGNOSIS (Signed) E. C. Peeler M. D.  
, 19      (Address) Clinton, Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Englewood DATE OF BURIAL 12-6-34

20. UNDERTAKER Fred Wilkerson ADDRESS Clinton 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.

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

**1. PLACE OF DEATH**  
 County.....  
 Townshp.....  
 City..... (No.....  
 Registration District No.....  
 Primary Registration District No.....  
 File No.....  
 Registered No.....  
 SL.....  
 Ward.....

**2. FULL NAME**  
 (a) Residence, No.....  
 (Usual place of abode)  
 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.  
 St.....  
 Ward.....

**PERSONAL AND STATISTICAL PARTICULARS**

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

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.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

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

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED..... 19..... REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR)..... 19.....

17. I HEREBY CERTIFY, That I attended deceased from.....  
 that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

.....  
 (duration)..... yrs..... mos..... ds.  
 CONTRIBUTORY (SECONDARY)  
 (duration)..... yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)....., M. D.  
 19..... (Address).....

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL..... DATE OF BURIAL..... 19.....

20. UNDERTAKER..... ADDRESS.....

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

*Reed*

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County *Henry* Registration District No. *347*  
Township ..... Primary Registration District No. *5501A*  
City (No. .... St. .... Ward)

File No. ....  
Registered No. *67*

2. FULL NAME

*Christopher Bonta*

(a) Residence, No. .... 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *m* 4. COLOR OR RACE *w* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *m*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 4, 1934*

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

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.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *3-2-1866*

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

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

*68 9 3*

Date of onset

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 (in years) spent in this occupation.....

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

Other contributory causes of importance:

13. NAME

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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

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)

15. MAIDEN NAME

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

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

Manner of injury.....  
Nature of injury.....

17. INFORMANT (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

(Signed)....., M. D.  
(Address).....

19. UNDERTAKER (ADDRESS)

20. FILED *11-6* *35* *J. R. Hampton* Registrar

SUPPLEMENTARY

JAN 29 1935

S-42724