

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

Do not use this space.

1. PLACE OF DEATH

County Henry
Township Clinton
City Clinton (No. _____)

Registration District No. 347
Primary Registration District No. 3018

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Martha M. Banning
(a) Residence, No. East Jefferson St. Ward. _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26, 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 2 10

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
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) Carroll Co. Ark.

FATHER
13. NAME Frank McNeely

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

MOTHER
15. MAIDEN NAME Fanning

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

17. INFORMANT (ADDRESS) Frank Banning Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Engelwood DATE July 8 '36

19. UNDERTAKER (ADDRESS) Conselia Beck Clinton Mo

20. FILED July 6 1936 J. R. Humphreys Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1935 to July 6, 1936
I last saw her alive on July 6, 1936 Death is said to have occurred on the date stated above, at 11:20 A.M.
The principal cause of death and related causes of importance were as follows:

66 Chronic myocarditis (congestive heart failure) Date of onset 1934

Other contributory causes of importance: no

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) S. B. Hughes, M. D.
(Address) Clinton, Mo

26362

AUG 20 1936

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.

