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

2830
Do not use this space.

PLACE OF DEATH
(a) County Lafayette
(b) Township Washington
(c) City Mayview
Registration District No. 4614
Primary Registration District No. 4275
Registered No.
(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 520 Laura Elizabeth Goss Banks
(a) Residence, No. Mayview Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: E. H. Banks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 4th, 1889

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
49	2	19	

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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster County Mo.

FATHER
13. NAME: I. D. Goss
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster County Mo.

MOTHER
15. MAIDEN NAME: Emma L. Rogers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennesse

17. INFORMANT (ADDRESS): E. H. Banks, Mayview Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clinton Mo. DATE Jan 25 19 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS): A. H. Hader, Higginsville Mo.

20. FILED ....., 19..... —
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 23 — 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 18, 1939, to Jan 23 —, 1939
I last saw her alive on Jan 23, 1939. Death is said to have occurred on the date stated above, at 5:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	

Other contributory causes of importance: None

Name of operation: None 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? No
If so, specify
(Signed) Jno. R. Willis, M. D.
(Address) Mayview, Mo.

Licensed Embalmer's Statement on Reverse Side)

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed Forest Rickhaf

Licensed Embalmer No. 3687

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

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

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

2830
Do not use this space.

1. PLACE OF DEATH
(a) County Lafayette — Registration District No. 464
(b) Township — Primary Registration District No. 4275 — Registered No. 14
(c) City Mayview (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 Laura Elizabeth Goco Banks
(a) Residence, No. Mayview Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF E. N. Banks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-4 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	49	2	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. H-W
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) Mo

FATHER
13. NAME J. D. Goco
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Emma Rogers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) E. N. Banks Mayview Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clinton Mo DATE 1-25 1939

19. FUNERAL DIRECTOR (ADDRESS) A. H. Hafer Higginsville Mo

20. FILED 2-11-1939 Mrs E. M. Goodwin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-23 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-18 1939 to 1-23 1939
I last saw h... alive on 1-23 1939 Death is said to have occurred on the date stated above, at 3:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Hemorrhage	

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) John B. Willis, M. D.
(Address) Mayview Mo

CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

APPLICANT