MAY 21 1935

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

Do not use this space.

12001

1. PLACE OF DEATH
County Buchanan
Township
City St, Joseph Mo
Registration District No. 85
Primary Registration District No. 1001
File No.
Registered No. 430
(No. 2617 Locust St. Ward)

2. FULL NAME Mr Edward Banks
(a) Residence, No. 2617 Locust 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

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1884
7. AGE: YEARS 50, MONTHS 9, DAYS 8; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) unknown Texas

FATHER
13. NAME Henry Banks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER
15. MAIDEN NAME Ella Banks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Sam Banks
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cem B DATE 4-15-35, 19
19. UNDERTAKER (ADDRESS) B.P. Graves Funeral Home 806 South 17th St
20. FILED 4-15-1935 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 35 19

22. I HEREBY CERTIFY, That I attended deceased from 12 April 1935 to 12 April, 1935
I last saw him alive on 12 April 1935. Death is said to have occurred on the date stated above, at 2.30P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	12 April 35
Other contributory causes of importance: Endocarditis	13 Feb 35

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? None 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [signature], M. D.
(Address) St Joseph Mo