

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

Do not use this space.

OCT 17 1935

28771

1. PLACE OF DEATH

County Lachman
Township Washington
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. Missouri Methodist Hosp. St. Ward)

File No. _____
Registered No. 957 Ward

2. FULL NAME Jacqueline Banning

(a) Residence, No. 204 East Kansas St., Ward.

(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 Female 4. COLOR OR RACE White 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) July 22, 1935

7. AGE YEARS MONTHS D^{YS} If LESS than 1 day, hrs. or min.

0 1 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) St. Joseph Missouri

FATHER 13. NAME Henry Banning

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) San Antonio Texas

MOTHER 15. MAIDEN NAME Rose Russell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew County Missouri

17. INFORMANT Henry Banning (ADDRESS) 204 East Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland cemetery DATE Sept. 18, 1935

19. UNDERTAKER F. R. Sidenfader (ADDRESS) 602 South 20th Street

20. FILED 9-17-1935 John H. Beardsley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1935, to Oct. 17, 1935

I last saw h. alive on Oct. 17, 1935. Death is said to have occurred on the date stated above, at 12:15 P.M.

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

Acute pneumonia
toxic
cardiomyopathy
acute nephritis

Other contributory causes of importance:
(Metabolic illness)

Date of onset
Sept. 16
Sept. 17
11:30

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

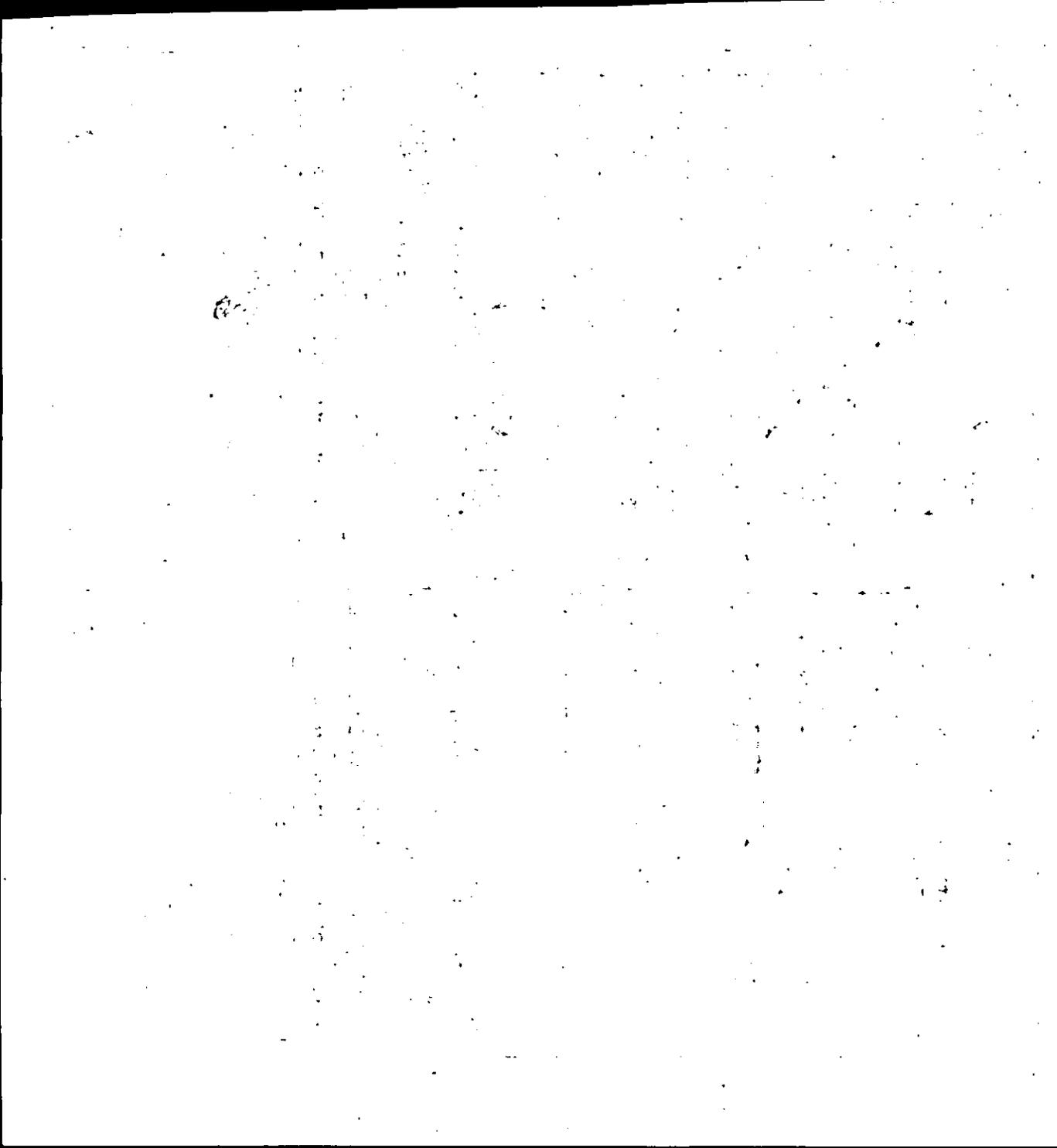
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

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? Yes
If so, specify _____

(Signed) W. W. C. C. C., M. D.
(Address) 202 Washington St. St. Joseph



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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township St Joseph
City St Joseph (No. _____)

Registration District No. 85-
Primary Registration District No. 1001

File No. _____
Registered No. 907
St. _____ Ward _____

2. FULL NAME

Jacqueline Banning

(a) Residence, No. _____ St., _____ Ward.

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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17, 1935

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

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

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

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

Date of onset

Septicemia, Typhemia, Peritonitis acute, nephritis
Paralytic Ileus
Other contributory causes of importance: gassing Septicemia

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

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

13. NAME

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____

15. MAIDEN NAME

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

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

17. INFORMANT (ADDRESS)

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

24. Was disease or injury in any way related to occupation of deceased? _____

19. UNDERTAKER (ADDRESS)

If so, specify _____ (Signed) Owen H. D. Craig, M. D.

20. FILED 11-7- 1935 John H. Bouders Registrar

(Address) 303 Kirkpatrick Bldg St Joseph Mo

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