

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.

NOV 9 1935

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis** (No. **5962 Plymouth Ave.**)

File No.
 Registered No. **8247**
 St. Ward

2. FULL NAME **Laurence B. Banks**

(a) Residence, No. **5962 Plymouth Ave.** St. **5** 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

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 **Pearl Banks**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 1st, 1880**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	55	1	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **General Agent**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Southern Pacific**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) **R.R.** spent in this occupation.....

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

13. NAME **Alexander Banks**

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

15. MAIDEN NAME **Janeth Roseburg**

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

17. INFORMANT (ADDRESS) **Pearl Banks**
5962 Plymouth Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Topeka, Kansas** DATE **Oct. 2nd, 1935**

19. UNDERTAKER (ADDRESS) **Brehman Naval**
1905 Union Blvd.

20. FILED **1** 1935 19..... **J. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 29th, 1935**

22. I HEREBY CERTIFY That I attended deceased from **Sept. 29, 1935** to **Sept. 29, 1935**

I last saw him alive on **Sept. 29, 1935** Death is said to have occurred on the date stated above, at **7 P.m.**

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

Cerebral Hemorrhage Sept. 29, 1935
131

Other contributory causes of importance:
Hypertension and Chronic Interstitial Nephritis. Unknown

Name of operation Date of
 What test confirmed diagnosis? **Physical Findings** 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) **O. R. James** M. D.
 (Address) **320 Metro. Bldg.**

metre Bldg
9-11-1-3

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