

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

Do not use this space.

**35516**

**239**

**1. PLACE OF DEATH**

County St. Francois

Registration District No. 274

Township

Primary Registration District No. 6018B

City Esther (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Sarah E. Banister

(a) Residence, No. Esther Mo 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1839

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 92 2 24

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) South Carolina

13. NAME Ruben Smart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

15. MAIDEN NAME D.K.

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

17. INFORMANT Mrs. Jol. Gallman (ADDRESS) Esther Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Del Rio DATE Oct. 21, 1931

19. UNDERTAKER C. J. Boyer (ADDRESS) Deshotel Missouri

20. FILED Oct 31, 1931 W. J. Bryan Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-20 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1931 to Oct 20, 1931

I last saw her alive on Oct. 19, 1931 Death is said

to have occurred on the date stated above, at 9:30 p.m.

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

Myocarditis  
46B  
43D  
46B

Other contributory causes of importance: Chronic stomach D.K.

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Chromic 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) W. J. Bryan, M. D.

(Address) Del Rio

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 28 1931

MAINTAINED RESERVED FOR DIVISION

V. NO. 2.

