

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

Do not use this space.

7795

**1. PLACE OF DEATH**

County St. Francois Registration District No. 774  
 Township Boards Bluff Police/Registration District No. 4463  
 City St. Francois Flat River

File No. 24  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward)

**2. FULL NAME** Albert Husten Bannister

(a) Residence. No. \_\_\_\_\_ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 25-1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hr. or \_\_\_\_\_ min.  
17 2 1

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work School boy  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonneville Mo.

10. NAME OF FATHER Edward L. Bannister

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Flat River Mo.

12. MAIDEN NAME OF MOTHER Josephine Skaggs

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Pataskia Mo.

14. INFORMANT (Address) Edward L. Bannister  
St. Francois Mo.

15. FILED Mar 9 1929 H. L. Keith  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 26<sup>th</sup> 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 14<sup>th</sup> 1929, to Feb 25<sup>th</sup> 1929, and that I last saw him alive on Feb 25<sup>th</sup> 1929, and that death occurred, on the date stated above, at \_\_\_\_\_ a \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute meningitis  
8919  
7919 (duration) yrs. mos. da.

CONTRIBUTORY Suppurative Sten's Media (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

Did an operation precede death? no DATE OF \_\_\_\_\_  
 Was there an autopsy? no

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) J. L. Jones, M. D.  
 , 19 (Address) Flat River Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery DATE OF BURIAL Feb. 27 1929

20. UNDERTAKER C. J. Bayer ADDRESS Desloge Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should give CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. 1929

