

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

22402

1. PLACE OF DEATH
 32 County De Kalb Registration District No. 260
 Township Sand River Primary Registration District No. 536.3
 City _____ (No. _____) St. _____ Ward _____
 2. FULL NAME Marcus Monroe Ballinger
 (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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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

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 _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 11, 1845
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
86 9 29
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10 1932
 I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1932 to July 10, 1932
 that I last saw him alive on July 9, 1932, and that death occurred, on the date stated above, at 9:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis

97
 CONTRIBUTORY (SECONDARY) 97 (duration) 3 yrs. mos. ds.
 (duration) _____ yrs. mos. ds.

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. J. Peters M. D.
July 11, 1932 (Address) Cameron, 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.

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Tenn
 10. NAME OF FATHER Lea Ballinger
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Virginia
 12. MAIDEN NAME OF MOTHER Julia Brazelton
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Tenn.

14. INFORMANT Mrs. M. M. Ballinger (Address) Cameron, Mo.
 15. FILED 7-12-32 Winifred W. Moser REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL De Lano Cemetery DATE OF BURIAL 7/12 1932
 20. UNDERTAKER J. W. Poland ADDRESS Cameron

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.

AUG 23 1932

PARENTS

