

N 4
N. H.—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.

928

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

Do not use this space.

13917

1. PLACE OF DEATH

County Lewis

Registration District No. 480

Township La Grange

Primary Registration District No. 4289

City La Grange

(No.)

File No.

Registered No. 9

St. Ward

2. FULL NAME Joseph Ballanger

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 7th 1846

7. AGE

81

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Civil War Veteran

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) not known

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

James Ballanger

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

not known

12. MAIDEN NAME OF MOTHER Hanna West

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

not known

14. INFORMANT Mrs Pearl Hiles

(Address)

La Grange, Mo.

15. FILED 4/11/28 W. B. Ellis

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 15 19 28

17. I HEREBY CERTIFY, That I attended deceased from April 3rd 19 28, to April 13th 19 28

that I last saw alive on April 12th 19 28, and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Embolism
Causing Paralysis of entire
Left side.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED La Grange Mo

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. D. Owens, M. D.

, 19 28 (Address) La Grange

*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

La Grange

DATE OF BURIAL

April 15 1928

20. UNDERTAKER

A. A. Roberts

ADDRESS

La Grange, Mo

