

1928

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

Do not use this space.

1. PLACE OF DEATH

County Ballinger  
Township Lawrence  
City Marble Hill (No. .... St. .... Ward)

Registration District No. 67  
Primary Registration District No. 5702c

File No. 16104-a  
Registered No. 17

2. FULL NAME

Martina Ann Ballinger  
(a) Residence. No. Marble Hill No St. .... Ward. ....

Length of residence in city or town where death occurred 27 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 10 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
66 7 7

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Sherridan Lett

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

12. MAIDEN NAME OF MOTHER Thally Ann Lett

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

14. INFORMANT (Address) Luther Proffer  
Cape Girardeau Mo

15. FILED Aug 9 1928 Ed. Sanders REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/17 19 28

17. I HEREBY CERTIFY, That I attended deceased from July 1st 1928 to March 17 1928 that I last saw him alive on March 15 1928 and that death occurred, on the date stated above, at 8:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Congestive failure of left side of heart and lungs

18. WHERE WAS DISEASE CONTRACTED Mo (duration) .... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) Unknown (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED Mo IF NOT AT PLACE OF DEATH, .....  
DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 1st 1928

WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Examination of tissues

(Signed) Dr. Sealbaugh M. D.  
, 19 (Address) Cape Girardeau 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 Hahns Chapel DATE OF BURIAL 5-18 19 28

20. UNDERTAKER H. J. Baker ADDRESS Lutesville Mo

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.

16104-a

