MAY 29 1928

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

Do not use this space.

File No. 16150

Registered No. 639

1. PLACE OF DEATH
County: Buchanan — Registration District No. 85
Township: — Primary Registration District No. 1001
City: St Joseph (No. ..., ... St. ... Ward)

2. FULL NAME: Orion C. Ballard

(a) Residence. No. 321 No. 5 St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 27-1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	5	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Salesman
(c) Name of employer: Ario Coating Co.

9. BIRTHPLACE (CITY OR TOWN): Indianapolis
(STATE OR COUNTRY): Indiana

PARENTS

10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs. O C Ballard
(Address): St Joseph, Mo.

15. FILED MAY 17, 1928, 19 ... John G. Ub, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5-16 1928

17. I HEREBY CERTIFY, That ~~I attended deceased from~~ Viewed on ..., 19..., to May 16, 1928, that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 1 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
713 A
(duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY)
(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? —

WHAT TEST CONFIRMED DIAGNOSIS? History + Examination

(Signed) J. W. Mayo Coroner, M. D.
5/27, 1928 (Address) St. Joseph Mo.
(Grey Mag. Burbach)

*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: Indianapolis Ind — DATE OF BURIAL: 5-19 1928

20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1208 Francis

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.

JUL 5 1945