SEP 25 1928

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

Do not use this space.

27132

1. PLACE OF DEATH
County Howard
Township Chariton
City

Registration District No. 374
Primary Registration District No. 6529

File No.
Registered No.
St. Ward)

2. FULL NAME Hannah Eliza Ballew

(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 74 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 Martin Ballew
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 21 1853
7. AGE Years 74 Months 9 Days 8 If LESS than 1 day, ...hrs. or ......min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Howard County
(STATE OR COUNTRY) Mo
PARENTS
10. NAME OF FATHER Elijah Stapp
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Howard County
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Betsy Bradley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Howard County
(STATE OR COUNTRY) Mo
14. INFORMANT Mrs E H Lehmer
(Address) Glasgow Mo
15. FILED 8-31, 1928 E H L Mo 2
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 29 1928
17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1926, to Aug 27 1928
that I last saw h er alive on Aug 27, 19...., and that death occurred, on the date stated above, at 11-40 a. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Heart Disease
90 A
(duration) 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? .... Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) W R Hawkins, M. D
8-29, 1928 (Address) Glasgow 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 Ballew Family Cemetery
DATE OF BURIAL Aug 30 1928
20. UNDERTAKER Carl S Naylor
ADDRESS Glasgow 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.

UNFADING INK—THIS IS A PERMANENT RECORD