

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

Do not use this space.

1678

1. PLACE OF DEATH

County Jackson

Registration District No. 3

File No. 260

Township 3rd

Primary Registration District No. 100

Registered No. 260

City Jackson

(No. Whitely Boulevard Hospital)

St. 2

Ward

2. FULL NAME

(a) Residence. No. 2107 E. 16th St., 2 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yr.

mos.

ds.

How long in U.S., if of foreign birth?

yr.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Negro

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

Married

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

Birdie Ballard

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

Unknown

7. AGE

about 57

YEARS

MONTHS

DAYS

IF LESS than 1 day, ... hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

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

(c) Name of employer

Porter

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Lebanon

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Robert

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ellen Ballard

14.

INFORMANT (Address)

Birdie Ballard
2107 E. 16th St.

15.

FILED

1/19/29
W. H. Ficklin
REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Jan 18 1929

17.

I HEREBY CERTIFY That I attended deceased from Jan. 16, 1929 to Jan 18, 1929
that I last saw him alive on Jan 17, 1929 and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Strangulated Hernia
122A

Original Hernia (duration) yrs. mos. 2 ds.

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

18. WHERE WAS DISEASE CONTRACTED

at home

IF NOT AT PLACE OF DEATH, DATE OF 1-16-29

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Dr. R. L. Hayden, M.D.
119, 1929 (Address) 1738 Grosset

*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

DATE OF BURIAL

Expendent Mo

1-21 1929

20. UNDERTAKER

ADDRESS

W. H. Ficklin

1209 Ym

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

245
2
31
2

