

OCT 24 1929

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

Do not use this space.

31557

1. PLACE OF DEATH

County Pattis
Township Sedalia
City Sedalia (No.)

Registration District No. 668
Primary Registration District No. 3032

File No.
Registered No. 279
St. Ward

2. FULL NAME

Mobley Ballance

(a) Residence No. 4218 St. Pattis 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 <u>M</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u> <u>X</u> <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 14 - 1893</u>		
7. AGE	YEARS <u>36</u>	MONTHS <u>7</u>
	DAY <u>13</u>	IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) X
(c) Name of employer Dean & Hancock

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Miller Co. Mo.

10. NAME OF FATHER	<u>Charles Ballance</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN)	<u>Monticello Mo</u>
(STATE OR COUNTRY)	
12. MAIDEN NAME OF MOTHER	<u>Leona Hancock</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	<u>Miller Co Mo</u>
(STATE OR COUNTRY)	

14.

INFORMANT Charles Ballance
(Address) Sedalia Mo

15.

FILED 9-28-29 J. H. Love
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 27 1929
17. I HEREBY CERTIFY, That I attended deceased from Apr 1929 to Sept 27 1929
that I last saw him alive on Sept 27 1929, and that death occurred, on the date stated above, at 9:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic parenchymatous nephritis
1 1/2 yr. 9 mo. 13 ds.
(duration) 1 yrs. 9 mos. 13 ds.

CONTRIBUTORY (SECONDARY) Endocarditis
(duration) 8 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Do not know

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Chronic nephritis

(Signed) Chambers M. D.

Sept 27 1929 (Address) Sedalia 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 <u>Dean Mo</u>	DATE OF BURIAL <u>9/29 1929</u>
20. UNDERTAKER <u>F. H. Ferguson</u>	ADDRESS <u>Sedalia</u>

