MAY 27 1930

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

Do not use this space.

13312 Chillon

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No. ~~92~~

Township Mason — Primary Registration District No. 3029 — Registered No. 92

City Hannibal (No. 805 Paris Ave St. Ward)

2. FULL NAME George Anthony Ballou

(a) Residence. No. 805 Paris Ave St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not Known

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 22 - 1866

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ...min.
63	4	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Bond Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Not known

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER George Washington Ballou
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ashville
(STATE OR COUNTRY) North Carolina
12. MAIDEN NAME OF MOTHER Aurelia A Pierce
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hannibal
(STATE OR COUNTRY) Missouri

14. INFORMANT Horace Dakin
(Address) 805 Paris Ave.

15. FILED April 11, 1930 C E Causine REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11 1930

17. I HEREBY CERTIFY, That I attended deceased from April 3, 1930, to April 10, 1930 that I last saw him alive on April 9, 1930 and that death occurred, on the date stated above, at 1:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis
of Lung
V3A (duration) 5 yrs. mos. ds.

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

31

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Sputum
(Signed) Examiner M.D.
, 19 (Address) J. C. Chillon
Hannibal

*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
Riverside Cem	April 13 1930
20. UNDERTAKER	ADDRESS
Wm M Smith	902 Broadway Hannibal, 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.

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