

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

Do not use this space.

27486-~~4~~ ^D _(X)

PLACE OF DEATH
 County Peru
 Township
 City Steele (No.) St. Ward)

27486-4655
 Registration District No. 655
 Primary Registration District No. 4397

File No.
 Registered No.

2. FULL NAME Mary Ann Balentine
 (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 22 yrs. - 0 mos. - 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J.M. Balentine
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 3. 1866
 7. AGE YEARS MONTHS DYS If LESS than 1 day, hrs. or min.
64 18

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House Keeper
 (b) General nature of industry, business, or establishment in which employed (or employer) —
 (c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) Almo
 (STATE OR COUNTRY) Tenn

10. NAME OF FATHER T. E. Lipscomb
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) —
 (STATE OR COUNTRY) —
 12. MAIDEN NAME OF MOTHER Martha Swan
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) —
 (STATE OR COUNTRY) —

14. INFORMANT Miss Delia Stewart
 (Address) Steele mo

15. FILED 8/22 30 Mar P. Kelly
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) aug 21 19 30
 17. I HEREBY CERTIFY, That I attended deceased from Sept. 1927 to aug 21 1930 that I last saw her alive on aug 20 1930 and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of spine
complicated by subacute
osteomyelitis
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 34
 (duration) yrs. mos. ds. 75

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH her home

DID AN OPERATION PRECEDE DEATH? No DATE OF.....
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
 (Signed) J.W. Roberts M. D.
 19 30 (Address) Steele 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 Holy Cemetery DATE OF BURIAL 8-22 1936

20. UNDERTAKER German mch co ADDRESS Steele mo

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

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.

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