

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.

MAR 23 1931

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

Do not use this space.

4659

1. PLACE OF DEATH

11 County Buchanan Registration District No. 85
5 Township St. Joseph Primary Registration District No. 1001
9 City St. Joseph (No. Mo. Meth. Hosp.) St. _____ Ward _____

File No. _____
Registered No. 180
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Ballatin Ma
(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 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 H. E. Logan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15 - 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>39</u>	<u>10</u>	<u>11</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 235

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princeton Missouri

13. NAME R. Evans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

15. MAIDEN NAME Ludie Hollings

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

17. INFORMANT H. E. Logan
(ADDRESS) Ballatin Ma

18. BURIAL, CREMATION, OR REMOVAL PLACE Princeton Mo DATE 2/18 1931

19. UNDERTAKER H. J. Hooper
(ADDRESS) Ballatin Ma

20. FILE NO. 180 FEB 18 1931 John P. Bender Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1931, to Feb 16, 1931
I last saw him alive on Feb 16, 1931. Death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:
Peritonitis - general Date of onset 2-13-31
Salpingitis - origin unknown
Other contributory causes of importance: 1395
129

Name of operation none Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Paul J. Ingram, M. D.
(Address) St Joseph, Mo

