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

Do not use this space.

10426

File No. ____
Registered No. 31

1. PLACE OF DEATH
County: Jefferson
Township: Valle
City: DeSoto (No. ____, ____ St. ____ Ward)
Registration District No. 4 70
Primary Registration District No. 3022

2. FULL NAME: Martha Caroline Ballard
(a) Residence. No. 511 Ballards St., ____ 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.

APR 23 1931

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 PLEASE (?) WITH CHASING INKS THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F.	W.	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF — Dave Ballard Dec

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 4-1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	76	1	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Keeper 234
(b) General nature of industry, business, or establishment in which employed (or employer): ____
(c) Name of employer: ____

9. BIRTHPLACE (CITY OR TOWN) Enfield (STATE OR COUNTRY) Ill

PARENTS
10. NAME OF FATHER: Alfred E. Orr
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ill.
12. MAIDEN NAME OF MOTHER: Rice
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ill

14. INFORMANT: Herman C Ballard
(Address) 4521 Nebraska.

15. FILED 3/20, 1931 D. L. Geagly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 15 1931

17. I HEREBY CERTIFY, That I attended deceased from Several years, 19____, to Mar 15, 1931, that I last saw ____ alive on March 13, 1931, and that death occurred, on the date stated above, at 10.28 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic endocarditis
92A
97 (duration) ____ yrs. 3 mos. ____ ds.
CONTRIBUTORY (SECONDARY) Arterio-Sclerosis
Unknown (duration) ____ yrs. ____ mos. ____ ds.

18. WHERE WAS DISEASE CONTRACTED? ____
IF NOT AT PLACE OF DEATH ____
DID A OPERATION PRECEDE DEATH? No DATE OF ____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? ____
(Signed) T. N. Farmer, M. D.
3/17, 1931 (Address) DeSoto 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	DATE OF BURIAL
DeSoto Mo.	3-16 1931
20. UNDERTAKER	**ADDRESS**
Richardson & Kirkhead	DeSoto Mo.