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.

APR 25 1931

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

Do not use this space.

11210

1. PLACE OF DEATH
County Randolph — Registration District No. 737 — File No. 16
Township Chariton — Primary Registration District No. 5972 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME James Thomas Ballew
(a) Residence No. ..... 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: male
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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1853
7. AGE: YEARS 77 — MONTHS 6 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Randolph Co 1

FATHER
13. NAME James Ballew
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 23

MOTHER
15. MAIDEN NAME Martha Nicholas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

17. INFORMANT (ADDRESS) Mrs James Ballew College Mound
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olivette DATE Mar 14, 1931
19. UNDERTAKER (ADDRESS) Tom B Patton Huntsville Mo
20. FILED Mar 26, 1931 O. F. Hutton Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 10, 1931
22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1931, to Mar 10, 1931
I last saw him alive on March 7, 1931. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Kidney Stones Cistitis Urethritis.	
35B	
134A	
135B	

35

Other contributory causes of importance:

Name of operation about 11 yrs ago Prostectomy Date of
What test confirmed diagnosis? Was there an autopsy? no

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

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) F. L. Trippeer, M. D.
(Address) College Mound Mo