

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.

MAY 23 1931

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

Do not use this space.

13886

1. PLACE OF DEATH  
 4 County Greene Registration District No. 330  
 4 Township \_\_\_\_\_ Primary Registration District No. 3017  
 9 City Trenton (No. 716 E 8th) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Pleasant P. Ballard  
 (a) Residence, No. 716 E 8th St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 50 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 May Ballard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29-1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>70</u>	<u>10</u>	<u>12</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired freight agent C.R.T.P.

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) Ky

FATHER

13. NAME D. Ballard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER

15. MAIDEN NAME May Francis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT Mrs P. P. Ballard  
(ADDRESS) 716 E 8th Trenton Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Masonic DATE Apr 9 1931

19. UNDERTAKER Geyser Funeral Home  
(ADDRESS) Trenton Mo.

20. FILED 8 Apr 1931 E. A. Duffey  
Registrar

7 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 7 1931

22. I HEREBY CERTIFY, That I attended deceased from April 2 1931, to April 7 1931  
 I last saw him alive on April 6 1931 Death is said to have occurred on the date stated above, at 1:15 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Influenza Pneumonia & Cardiac Distention Date of onset 4-2-31

Other contributory causes of importance:  
Sublethal infection

Name of operation None Date 0  
 What test confirmed diagnosis? Micro examination Was there an autopsy? No

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) J. H. Mead M. D.  
 (Address) Trenton Mo.

