

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

Do not use this space.

34511

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 5405 Paseo Blvd.)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 230
St. _____ Ward _____

2. FULL NAME

Charlity Ballew
(a) Residence, No. 5405 Paseo Blvd. St. 15 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF T. W. Ballew April 11 - 1854

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 16, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 6 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Modena Missouri

13. NAME Silis Renfro

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

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Mrs. Winifred Harrison 2406 Gales Boulevard

18. BURIAL, CREMATION, OR REMOVAL PLACE Funerary Home DATE 10-21-31

19. UNDERTAKER (ADDRESS) Stine & McClure 3236 William Street

20. FILED 10/19/31 m. m. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1931 to Oct 18, 1931

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ P. a. _____ m. 10:30
The principal cause of death and related causes of importance were as follows:

Pulmonary edema Oct 18
9:30
1:30
Other contributory causes of importance:
Myocardial failure 1928
Hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? Chinoid Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, strike, 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) A. P. Harrison, M. D.
(Address) 1021 1/2 B St

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.

Mr. H. J. ...
(The ...)