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

Do not use this space.

38322

1. PLACE OF DEATH

County Mercer — Registration District No. 556

Township Princeton — Primary Registration District No. 4328

File No.

Registered No.

City Princeton (No. , St. Ward.)

2. FULL NAME Mrs. Anna Ballew

(a) Residence, No. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Otto Ballew 1867

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1931

7. AGE YEARS 64 MONTHS 4 DAYS 20 — If LESS than 1 day, ...hrs. or .....min.

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.

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) Missouri

13. NAME Jack Abrahams

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

15. MAIDEN NAME Margaret Smith

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

17. INFORMANT (ADDRESS) Mrs. Lucia May, Princeton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Princeton Cemetery DATE Nov. 9, 1931

19. UNDERTAKER (ADDRESS) Noel Moss, Princeton Mo.

20. FILED Nov 8, 1931 — J M Perry, Registrar.

MEDICAL CERTIFICATE OF DEATH

2.

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1913, to Nov 7, 1931

I last saw her alive on Nov 7, 1931. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Bright Disease
Uremic toxemia
151
1328 131

Date of onset Feb 1 1913

Other contributory causes of importance:

Name of operation No — Date of
What test confirmed diagnosis? Chemical — 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 M Perry M.D.

(Address) Princeton Mo.