

MAR 24 1934

41936^a

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

Do not use this space.

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11

1. PLACE OF DEATH

County Ripley
Township Harrod
City Harrod (No.)

Registration District No. 750
Primary Registration District No. 599

File No.
Registered No. 1074
St. Ward

2. FULL NAME

Ina Opie Ballman
(a) Residence, No. St. Ward
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Ballman

7. DATE OF BIRTH (MONTH, DAY AND YEAR) May 2, 1894
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
27 - 7 - 22 -

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

9. BIRTHPLACE (CITY OR TOWN) Pyramus
(STATE OR COUNTRY) Ripley Co. Mo.

10. NAME OF FATHER Wm. Bithell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bourville
(STATE OR COUNTRY) Warren Co. Ind.
12. MAIDEN NAME OF MOTHER Martha C. Sully
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sully
(STATE OR COUNTRY) Ind.

14. INFORMANT William E. Ballman
(Address) Harrod Mo.

15. FILED 73 1932 E. B. Johnston
REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 24, 1931

17. I HEREBY CERTIFY, That I attended deceased from October 1, 1931, to Dec 24, 1931
that I last saw him alive on Dec 24, 1931, and that death occurred, on the date stated above, at 2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhage at child birth
144
38
1390 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) metritis and other uterine disease not due to delivery properly
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED At home
IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) Steenhilt M. D.

12/24, 1931 (Address) Harrod 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 New Hope Cem DATE OF BURIAL Dec 25, 1931

20. UNDERTAKER Mrs. M. Gish ADDRESS Harrod Mo.

