

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

3718

1. PLACE OF DEATH

County Ballinger Co
 Township White Water
 City (No.)

Registration District No. 70Primary Registration District No. 5109File No. Registered No. 3St. Ward

2. FULL NAME

(a) Residence, No.
 (Usual place of abode)

Ward.

(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 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 Jessie Ballinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30 - 1881

7. AGE 80 YEARS MONTHS 3 DAYS 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Ballinger Co13. NAME L. Ballinger14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT Philip Ballinger (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedgwick DATE 2/27 1932

19. UNDERTAKER McComb & Co (ADDRESS) 20. FILED 4/9 1932 P. S. Statter Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1932, to Feb 26, 1932

I last saw him alive on Feb 26, 1932 Death is said to have occurred on the date stated above, at 4:5 m.

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

apoplexy Date of onset 2/25/32

87 H 820

10:2

Other contributory causes of importance:

senility

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

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? If so, specify (Signed) Edward Criss, M. D.(Address) Sedgwick Mo.

