

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.

AUG 22 1932

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

Do not use this space.

18587

1. PLACE OF BIRTH,
 3 County Atchison Registration District No. 20
 2 Township _____ Primary Registration District No. 4014
 2 City Jacks (No. _____) St. _____ Ward _____
 2. FULL NAME Les Washington Ballenger
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edna Ballard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July-4-1857</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>11</u>
	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>retired Merchant</u>	
	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) <u>West Virginia</u> <u>2</u>		
FATHER	13. NAME <u>H. H. Ballenger</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Matilda Unkshaw</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Virginia</u>	
17. INFORMANT (ADDRESS) <u>Edna Ballard Ballenger</u> <u>Jacks, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Liberty Cemetery</u> <u>June 18, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>W. M. Dufres</u> <u>Jacks, Mo.</u>		
20. FILED <u>June 18, 1932</u> <u>O. C. Vaughn</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1932
 I HEREBY CERTIFY, that I attended deceased from Sept-1, 1931 to June 17, 1932
 I last saw him alive on June 17, 1932 Death is said to have occurred on the date stated above, at 2:10 p.m.
 The principal cause of death and related causes of importance were as follows:
apoplexy
 Date of onset June 17, 1932
 Other contributory causes of importance:
Neural Respiration 1925
 Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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? no
 If so, specify _____
 (Signed) O. C. Vaughn, M. D.
 (Address) Jacks, Mo.

