

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 23 1932

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

22402

1. PLACE OF DEATH

County De Kalb
Township Sand River
City (No)

Registration District No. 260
Primary Registration District No. 536.3

File No.
Registered No.
St. (No) Ward)

2. FULL NAME

(a) Residence No. Marcus Monroe Ballinger St. (No) 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

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

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

Sept. 11, 1845

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

86

9

29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn

10. NAME OF FATHER

Lea Ballinger

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Virginia

12. MAIDEN NAME OF MOTHER

Julia Brazelton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn

14.

INFORMANT

(Address)

Mrs. M. M. Ballinger
Cameron

15.

FILED

7-12-32 Winifred W. Moser
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

July 10 1932

I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1932 to July 10, 1932, that I last saw him alive on July 9, 1932, and that death occurred, on the date stated above, at 9:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

J. W. Poland M. D.

July 11, 1932 (Address) Cameron
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

DATE OF BURIAL

De Lano Cemetery

7/12 1932

20. UNDERTAKER

ADDRESS

J. W. Poland

Cameron

