

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

Do not use this space.

28355

1. PLACE OF DEATH

County Lafayette

Registration District No. 1122

Township Clark

Primary Registration District No. 6226

City Maniford

File No. _____

Registered No. _____

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Ballb

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11 - 1866

8. AGE

YEARS 66

MONTHS 4

DAYS 2

If LESS than 1 day, hrs. or min.

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

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

11. Date deceased last worked at this occupation (month and year) May 11 - 1932

12. Total time (years) spent in this occupation _____

13. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

14. NAME Joshua Ballb

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

16. MAIDEN NAME Ruth Crabtree

17. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

18. INFORMANT (ADDRESS) Mrs. John Chat

19. BURIAL, CREMATION, OR REMOVAL

PLACE Maniford Cem.

DATE Aug 14 - 1932

20. UNDERTAKER (ADDRESS) W. H. Ballb

21. FILED _____

19 _____

Registrar.

3 MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 13 - 1932

23. I HEREBY CERTIFY, That I attended deceased from Aug 5 - 1932 to Aug 13 - 1932

I last saw him alive on Aug 10 - 1932 Death is said to have occurred on the date stated above, at 9 A. m.

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

Myocardial Infarction
2nd degree heart block
56 E

Other contributory causes of importance:

Phlebotomy
Oshteter

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

24. 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 _____

25. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) L. F. Young

(Address) Maniford, Mo. M. D.

