

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.

36412

1. PLACE OF DEATH  
65 County Mercer Registration District No. 556  
2 Township Marion Primary Registration District No. 4328  
2 City Princeton (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)  
1933  
2. FULL NAME Martha Ballew  
9 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (widowed)  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 11, 1867  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
65 1 13  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) 235  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

10. NAME OF FATHER Frank Elledge  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indiana  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Mary Gant  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

14. INFORMANT Mrs. Rella Vance  
(Address) Tranton Missouri

15. FILED 11/25/32 G. H. Berry REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 24 Nov 1932

17. I HEREBY CERTIFY, That I attended deceased from Nov 23 1932 to Nov 24 1932 that I last saw h. alive on Nov 23 1932, and that death occurred, on the date stated above, at 8 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cancer of stomach  
53E (duration) yrs. mos. ds.  
CONTRIBUTORY Probably existed for 10 yrs  
SECONDARY did not go to physician  
until Nov 25-32 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) G. H. Berry, M. D.

11/25 1932 (Address) Princeton 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

Salem Cemetery

20. UNDERTAKER Neil Ross

DATE OF BURIAL

Nov. 27 1932

ADDRESS

Princeton Missouri

