

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.

36754

1. PLACE OF DEATH

County

Pulaski

Registration District No.

713

Township

Arcadia

Primary Registration District No.

5942

City

(No.)

St.

Ward)

2. FULL NAME

Mrs Lavinia Ballard

(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 (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

Widowed

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

Oct. 12 / 1854

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

78

1

4

OCCUPATION

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

Housewife

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

At home

10. Date deceased last worked at
this occupation (month and
year)

1912

11. Total time (years)
spent in this
occupation

4

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Ark.

FATHER

13. NAME

Daniel H. F. Harris

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

K. C.

MOTHER

15. MAIDEN NAME

Elizabeth C. Scalapin

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Iowa

17. INFORMANT
(ADDRESS)

Mrs. G. W. Sanders

18. BURIAL, CREMATION, OR REMOVAL

PLAC

DATE

11/5/32

19. UNDERTAKER
(ADDRESS)

Supt. Co. - Farm

20. FILED

11/5

1932

C. G. Talbot

Registrar

MEDICAL CERTIFICATE OF DEATH

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

11/5

1932

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 3-1932

to

Nov. 5-1932

1932

I last saw him alive on

Nov. 3-1932

Death is said

to have occurred on the date stated above, at 3:30 P.M.

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

Chronic Senile Bronchitis

Date of onset

1928

Other contributory causes of importance:

old age

①

Name of operation

Date of

What test confirmed diagnosis?

Physical

Was there an autopsy?

no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

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)

C. G. Talbot

, M. D.

(Address)

Waynesville

