

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

Do not use this space.

File No. 7071106
Registered No. _____
St. _____ Ward)

1. PLACE OF DEATH
 County Harrison Registration District No. 334
 Township Bethany Primary Registration District No. 4197
 City Bethany (No. _____) St. _____ Ward)
 2. FULL NAME (Un Named) 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 6, 1933
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 6 hrs. or 0 min.
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____
 9. BIRTHPLACE (CITY OR TOWN) Bethany Mo
 (STATE OR COUNTRY)
 10. NAME OF FATHER Verbal Ballard
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bethany Mo
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Goldie Allipie
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ridgeway Mo
 (STATE OR COUNTRY)
 14. INFORMANT R. M. Ballard
 (Address) Ridgeway Mo
 15. FILED 1/10 1933 (Un Named) Ballard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 1933
 17. I HEREBY CERTIFY, That I attended deceased from 9 AM Jan 6 1933, to 3 PM Jan 6 1933 that I last saw h. _____ alive on _____ 19____, and that death occurred, on the date stated above, at 3 PM m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Instrumental Delivery
Contracted Plis of Mother
1600 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Hydrocephalus
157A (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED 1600
 IF NOT AT PLACE OF DEATH _____
 1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 6/32
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Findings
 (Signed) D. J. Reed D.O. M. D.
1/6 33 (Address) Bethany, 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 Paris Chapel DATE OF BURIAL 1/7 1933
 20. UNDERTAKER Rogan Co - Ridgeway Mo ADDRESS _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 29 1933

PARENTS

