WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 24 1933

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

Do not use this space.

10302

1. PLACE OF DEATH

County: Marion — Registration District No.: 547 — File No.:

Township: ~~Mason~~ — Primary Registration District No.: 3029 — Registered No.: 88

City: Hannibal (No. 805, Paris Ave. St. 1st Ward)

2. FULL NAME: Aurelia A. Ballou

(a) Residence, No. 805 Paris St., Ward. (If nonresident, give city or town and State)
(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.

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: George W. Ballou

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 30. 1841

7. AGE: YEARS 91 — MONTHS 11 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hannibal Missouri

FATHER

13. NAME: Jonathan Pierce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No data Kentucky

MOTHER

15. MAIDEN NAME: Charlotte Reade Dobyns

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No data Kentucky

17. INFORMANT (ADDRESS): Mr. Horace Dakin (Nephew 805 Paris Ave. Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Riverside DATE: March 13, 1933

19. UNDERTAKER (ADDRESS): Wm M Smith 902 Bdwy. Hannibal Mo

20. FILED: Mch 14, 1933 C E Clausius Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1933, to Mar 10, 1933

I last saw her alive on Mar 10, 1933. Death is said to have occurred on the date stated above, at 9:00 p.m.

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

Uraemia — Date of onset unknown

132B

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Other contributory causes of importance: Convulsions

Name of operation: Date of

What test confirmed diagnosis? Clinical 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, 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

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

If so, specify

(Signed) E. R. Motley, M. D.

(Address) Hannibal - Mo.