

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.

JUN 20 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

15643

1. PLACE OF DEATH

County Barry
 Township Monett
 City Monett (No.)

Registration District No. 30
 Primary Registration District No. 3003

File No.
 Registered No. 32
 St. Ward

2. FULL NAME

(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 <u>m.</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May. 4. 1933</u>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
	10. Date deceased last worked at this occupation (month and year) <u> </u>
	11. Total time (years) spent in this occupation <u> </u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monett Missouri</u>
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FATHER	13. NAME <u>E. J. Ballay</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Springfield Missouri</u>

MOTHER	15. MAIDEN NAME <u>Etha Shoemaker</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Barry Co Mo</u>

17. INFORMANT (ADDRESS) <u>E. J. Ballay Monett Mo</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Monett Mo</u> DATE <u>May 5 1933</u>

19. UNDERTAKER (ADDRESS) <u>Funeral Home Ballay</u>
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20. FILED <u>5-5-1933</u> <u>W. M. West</u> Registrar.
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-5-193322. I HEREBY CERTIFY, That I attended deceased from 5-4-1933 to 5-7-1933I last saw him alive on 5-4-1933 Death is said to have occurred on the date stated above, at 12:25 a.m.

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

Premature Birth
(Seven Months)

Date of onset

Other contributory causes of importance:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 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? NoIf so, specify (Signed) Ernest Mitchell, M. D.(Address) Monett Mo

3

4