

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

Do not use this space.

35947

1934

1. PLACE OF DEATH

20 County Cape Girardeau
Township Benton
City _____ (No. _____)

Registration District No. 104
Primary Registration District No. 5229

File No. 142
Registered No. _____ St. _____ Ward _____

2. FULL NAME

Mary Opal 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 <u>Female</u>	4. COLOR OR RACE <u>White</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>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 26-1908</u>		
7. AGE YEARS <u>28</u>	MONTHS <u>3</u>	DAYS <u>13</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Farmer</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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY)
Jerico Springs Mo

13. NAME
J. W. Ballard

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY)
Richmond Ky Mo

15. MAIDEN NAME
Ethelene Lambert

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY)
Coshocton Ohio

17. INFORMANT
Charley Ballard
(ADDRESS) Jerico Springs Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jerico Springs Mo DATE Nov 10, 1933

19. UNDERTAKER
Opthelma
(ADDRESS) Jerico Springs Mo

20. FILED Nov 22, 1933 Mrs. May Heffner
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9, 1933
22. I HEREBY CERTIFY That I attended deceased from Nov 3, 1933 to Nov 9, 1933
I last saw her alive on Nov 8, 1933 Death is said to have occurred on the date stated above, at 9 a. m.
The principal cause of death and related causes of importance were as follows:

Date of onset Nov 7, 1933
31 Wernia
130
132-13
Other contributory causes of importance:
acute nephritis
chronic nephritis

Name of operation tooth extraction Date of Nov 3, 1933
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? no
If so, specify _____
(Signed) Bennett R. Wood, M. D.
(Address) Lamar Mo.

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.

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