

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.

FEB 27 1934

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

Do not use this space.

2930

1. PLACE OF DEATH

County St. Louis Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

Nellie Ballou
(a) Residence, No. City Infirmary St. 13 Ward _____
(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 44 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 Widowed
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/10/1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 6 5

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

MOTHER FATHER 13. NAME Sam Peters

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

MOTHER 15. MAIDEN NAME Isabel Smith

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

17. INFORMANT (ADDRESS) Jordan
5500 Arsenal St

18. BURIAL, CREMATION OR REMOVAL PLACE Grubbs Mo DATE 1-17-34

19. UNDERTAKER (ADDRESS) Wm Casey & Co
St Clair Mo

20. FILED 19 34
J. Beedeck
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/15 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1930, to Jan 15, 1934
I last saw him/her alive on Jan 15, 1934. Death is said to have occurred on the date stated above, at 4:45 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
93E
157
Date of onset _____
Other contributory causes of importance: Senility

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) W. H. Korman, M. D.
(Address) Isal Hoop

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