

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

Do not use this space.

APR 25 1934

1. PLACE OF DEATH

County Adair
Township Greentop
City Greentop (No. 1)

Registration District No. 804

Primary Registration District No. 100-129

File No. 11538

Registered No. 11538

St. Ward

2. FULL NAME

Harold Eugene Ballanger
(a) Residence, No. St. Ward. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 17 - 1934

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

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

13. NAME Arthur H. Ballanger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lancaster, Mo
15. MAIDEN NAME Edith A. Ballanger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stigler, Okla

17. INFORMANT Mrs. H. B. Beerhauer
(ADDRESS) Queen City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Travis, Mo DATE Mar 18 - 1934

19. UNDERTAKER Wm. H. West
(ADDRESS) Queen City, Mo

20. FILED March 26 1934 Spencer, Mo
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1934, 1934, to 1934, 1934

I last saw h. alive on March 17, 1934, 1934. Death is said to have occurred on the date stated above, at 5 m.

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

I did not see body alive but history of severe indigestion, premature birth, failure of care of Harman
Other contributory causes of importance: 159, 157, 157

Name of operation 159 Date of 157
What test confirmed diagnosis? 157 Was there an autopsy? 157

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 157 Date of injury 157, 1934

Where did injury occur? 157 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 157
Nature of injury 157

24. Was disease or injury in any way related to occupation of deceased?
If so, specify 157

(Signed) P. H. Hart, M. D.
(Address) Cottam, Mo

