

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.

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

Do not use this space.

1. PLACE OF DEATH

County Madison Co

Registration District No. 275

File No. 23547

Township Reynolds

Primary Registration District No. 2170 B

Registered No. _____

City Richland (No. _____)

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

M

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Rosie Mae Ballinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Mar 29 1866

7. AGE

YEARS 68

MONTHS 3

DAYS 26

IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Farmer

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Madison Co Mo

MOTHER FATHER

13. NAME

Benjamin Ballinger

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

Kentucky

15. MAIDEN NAME

Mentha Greenleaf

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

Madison Co Mo

17. INFORMANT (ADDRESS)

Chas Ballinger Richland Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Richland DATE 7-25-34

19. UNDERTAKER (ADDRESS)

Richland Mo

20. FILED

7 26 1934 W O Ballinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-24, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 19 1934, to July 24 1934

I last saw him alive on July 24 1934. Death is said to have occurred on the date stated above, at 3 P m.

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

Hemorrhage of Stomach Date of onset 6/19/34

1178 1180 11 MAR

Other contributory causes of importance: Ulcer of Stomach 1933

Name of operation none Date of _____

What test confirmed diagnosis? Autopsy 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) Orville A. Oliver, M. D.

(Address) Richland Mo.

