

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

Do not use this space.

1. PLACE OF DEATH

County Missouri Registration District No. 502 File No. 25372
 Township Marcelline Primary Registration District No. 4305 Registered No. 22
 City Marcelline (No. Memorial Hospital) 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>male</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 _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 19 1921</u>		
7. AGE YEARS <u>12</u>	MONTHS <u>6</u>	DAYS <u>18</u>
If LESS than 1 day, _____ hrs. or _____ min.		
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. <u>at Home</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) <u>near Burkler</u> (STATE OR COUNTRY) <u>mo</u>		
13. NAME <u>Ray Ballard</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Burkler</u> (STATE OR COUNTRY) <u>mo</u>		
15. MAIDEN NAME <u>Nela Yontz</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Fairbury</u> (STATE OR COUNTRY) <u>mo</u>		
17. INFORMANT <u>Ray Ballard</u> (ADDRESS) <u>Marcelline mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wyandotte</u> DATE <u>July 10 1934</u>		
19. UNDERTAKER <u>Gas M. Laughlin</u> (ADDRESS) <u>Marcelline mo</u>		
20. FILED <u>7/10</u> 19 <u>34</u> <u>Olivia Barrett</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1934, to July 7, 1934
 I last saw him alive on July 7, 1934. Death is said to have occurred on the date stated above, at 11 p.m.
 The principal cause of death and related causes of importance were as follows:
1215 Peritonitis prof. 6/24
1215
 Other contributory causes of importance: Appendicitis 6/21

Name of operation Appendectomy Date of 6/26
 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? No
 If so, specify _____
 (Signed) W.B. Patton, M. D.
 (Address) Marcelline 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.

AUG 14 1934

