

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

Do not use this space.

28041

12 1934

1. PLACE OF DEATH
 108 County Wood Registration District No. 815
 Township Union Primary Registration District No. 3039
 City Center St. _____ Ward) _____

2. FULL NAME Anna Ballard
 (a) Residence, No. 115 1/2 Allison St. 1 Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 406125
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 6 3

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. House Keeper

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 12 1934

22. I HEREBY CERTIFY That I attended deceased from May 10 1934 to July 2 1934
 I last saw him alive on 7 12 1934 Death is said to have occurred on the date stated above, at 10 10 a.m.

The principal cause of death and related causes of importance were as follows:
Tuberculosis
both lungs
23A
 Other contributory causes of importance: heart

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albany New York

MOTHER FATHER

13. NAME Robert Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bethlehem New York

15. MAIDEN NAME Rout K. Green

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albany New York

17. INFORMANT (ADDRESS) E. R. Worcester 118 1/2 Howard Park St. N. York

18. BURIAL, CREMATION, OR REMOVAL PLACE Deerpark C DATE July 31 1934

19. UNDERTAKER (ADDRESS) Ferry Funeral Home 118 1/2 Howard Park St. N. York

20. FILED July 4 1934 W. M. Tamm Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phos. S. test Was there an autopsy? _____

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. _____

24. Was disease or injury in any way related to occupation of deceased? Yes
 so, specify _____
 (Signed) J. M. Yates M. D.
 (Address) New York

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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