

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.

SEP 13 1934

29098

1. PLACE OF DEATH
 County Howell Registration District No. 384
 Township West Plains Primary Registration District No. 4227
 City West Plains, Mo. St. _____ Ward _____

2. FULL NAME Norma Jean Ballard

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe. 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-19-1934

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
		<u>5</u>	<u>16</u>	

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

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) West Plains Mo

MOTHER FATHER

13. NAME F. R. Ballard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Logan Co. Ark

15. MAIDEN NAME Lucy Hood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Logan Co. Ark

17. INFORMANT (ADDRESS) Mrs. B. Ballard West Plains, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Logan DATE 8-6-34

19. UNDERTAKER (ADDRESS) Robertson Mortuary West Plains Mo

20. FILED 8-6-34 Vida W. SIMONS Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-8-34, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-1-, 1934, to 8-8-, 1934
 Last saw h. 5:30 alive on 8-8-34 Death is said to have occurred on the date stated above, at 9:00 a.m.

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

Date of onset 8-1-34

1198 1198

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Exam 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) E. Claude Bohrer, M. D.
 (Address) West Plains, Mo

