

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.

OCT 16 1934

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

Do not use this space.

30463

1. PLACE OF DEATH

County Pulnan
Township Elem
City Worthington (No. _____)

Registration District No. 715
Primary Registration District No. 6550

File No. _____
Registered No. 12
St. _____ Ward _____

2. FULL NAME Patty Sue Ballanger

(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 Female 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
3 8 18

OCCUPATION

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. _____

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) No.

FATHER

13. NAME Albert Ballanger

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

MOTHER

15. MAIDEN NAME Josephine Western

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

17. INFORMANT Mrs. Abe Ballanger (ADDRESS) Greentop Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greentop Cem. DATE Aug 15 '34

19. UNDERTAKER Wm. N. West (ADDRESS) Queenolty Mo.

20. FILED Aug 19 1934 Dr. C. O. Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 12 1934 to Aug 14 1934
I last saw her alive on Aug 14 1934 Death is said to have occurred on the date stated above, at 11 p.m. Aug 14-34
The principal cause of death and related causes of importance were as follows:

Diarrhoea and enteritis Date of onset Aug 3 1934
12.35

Other contributory causes of importance:
12.35

Name of operation _____ Date of _____
What test confirmed diagnosis? Physian 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) W. W. Sullivan M.D.
(Address) Unionville, Mo.

