507

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

Do not use this space.

30910

SEP 13 1934

791

1. PLACE OF DEATH

County ..... Registration District No. 1003

Township ..... Primary Registration District No. .....

City St Louis (No. Barnes Hosp ..... St. ..... Ward)

File No. .....

Registered No. 8173

2. FULL NAME Vanna Ballew

(a) Residence, No. ..... St., 7R Ward. Kenney Ills
(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: W.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-19-1897

7. AGE: Years 37 | Months 1 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Kenney Ills

FATHER

13. NAME Herbert Ballew

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

MOTHER

15. MAIDEN NAME Olive Brashidre

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

17. INFORMANT Clara Ballew (ADDRESS) Kenney Ills

18. BURIAL, CREMATION, OR REMOVAL PLACE Edenton Ills DATE Aug 11, 1934

19. UNDERTAKER Albert H. Hoppe (ADDRESS) 429 N. Euclid

20. FILED AUG -9 1934 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-9, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10 55 a.m.

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

	Date of onset
1a Diphteria	
Paralysis	

Other contributory causes of importance:

Name of operation ..... Date of .....

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? .....

If so, specify .....

(Signed) Sarah A. Schuch, M.D.

(Address) Olympia

8/9/34

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD