

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

Do not use this space.

1. PLACE OF DEATH FEB 5 1935

County

Township

City St. Louis

Registration District No. 791
1003

Primary Registration District No.

(No. 2032 Rutger)

File No. 3040

Registered No. 272

St. Ward

2. FULL NAME Martha Ballew

(a) Residence, No. 2032 Rutger St. 77 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 13th. 1866.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 7 25

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

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) Hazelgreen
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Jake Harroson

14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Roy Ballew
(ADDRESS) 2712 Osceola St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richland, Mo. DATE Jan. 9th. 1935

19. UNDERTAKER Wacker-Helderte
(ADDRESS) 2531 Broadway

20. FILED -9 1935 19 J. F. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January, 8th. 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1934 to Jan 8, 1935

I last saw her alive on Jan 7, 1935. Death is said to have occurred on the date stated above, at 11.30 A.M.

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

Date of onset

Chronic myocarditis
hypertension
old cerebral arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? 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.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Schindewolf, M. D.

(Address) 1004 S. 18th

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.

