

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

Do not use this space.

5160

1. PLACE OF DEATH MAR 26 1935

County Howard
Township Fayette.
City Fayette. (No.)

Registration District No. 378
Primary Registration District No. 4222

File No.
Registered No. 8
St. Ward)

2. FULL NAME Mrs Mattie Yates Ballew.

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 John H. Ballew

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/10th 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 10 29

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) Missouri

13. NAME Fielden Shipp.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

15. MAIDEN NAME Anneliza Roberts.

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

17. INFORMANT John H Ballew
(ADDRESS) Fayette. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico. Mo. DATE 2/11-1935

19. UNDERTAKER Guy T. Halley
(ADDRESS) Fayette. Mo.

20. FILED 2-11 1935 V. L. Bushman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/9 1935 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 1935, to Feb 9 1935
I last saw him alive on Feb 9 1935. Death is said to have occurred on the date stated above, at 4 45 p.m.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion

Date of case Feb 8-35

Other contributory causes of importance:

Name of operation none Date of none
What test confirmed diagnosis? none 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 no
(Signed) H. R. Coffman M. D.
(Address) Fayette Mo

N. B.—Every item of information should be carefully supplied. AGE statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

