

MAY 24 1935

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

Do not use this space.

13080

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township K 2ndPrimary Registration District No. 1002City Kansas City(No. St. Joseph hospital)File No. 13080

Registered No. _____

St. _____ Ward _____

2. FULL NAME Frederick William Ballard, Sr.(a) Residence, No. Rt 4 K C K 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. 14 ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

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

Theodosia

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

3/3/1861

7. AGE

74

YEARS

MONTHS

1

DAYS

24

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

harness maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

KC Saddlery Co.

10. Date deceased last worked at this occupation (month and year)

7/1925

11. Total time (years) spent in this occupation

44

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri
Wase

13. NAME

John Ballard

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

Unknown

15. MAIDEN NAME

Emily Lee

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

Unknown17. INFORMANT Mrs. Hazel Redick

(ADDRESS)

316 E. 75

18. BURIAL, CREMATION, OR REMOVAL

PLACE Highland ParkDATE 4/20

1935

19. UNDERTAKER Geo. H. Long Mortuary

(ADDRESS)

K C K20. FILED 4-27

1935

an am Crowe

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/27 193522. I HEREBY CERTIFY, That I attended deceased from 4/12 1935, to 4/27 1935I last saw him alive on 4/26 1935. Death is said to have occurred on the date stated above, at 5:15a

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Fracture Left Femur 4/1/35

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? yes23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Violent Date of injury 4/11 1935Where did injury occur? St. Louis (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall on hipNature of injury Fracture Left Femur24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) S. H. B. Withers M. D.(Address) 925 North 1st St

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.

921

in Willets, Angoffe Bldg 304 E. 12
vic 1105