

25 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

13598

1. PLACE OF DEATH

County Mercer
Township Madison
City (No.)

Registration District No. 534
Primary Registration District No. 6748

File No.
Registered No. 14
St. Ward)

2. FULL NAME

Peggie Llo Baller

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
6a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 15 1935</u>		
7. AGE	YEARS	MONTHS DAYS
		1
		If LESS than 1 day, ... hrs. or min.
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) <u>Mercer County Madison Ind.</u>		
13. NAME <u>Winton Baller</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Princeton, Mo.</u>		
15. MAIDEN NAME <u>Vesta Hamilton</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mercer, Co.</u>		
17. INFORMANT (ADDRESS) <u>Winton Baller Sprickard, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wild's Chapel</u> DATE <u>Apr. 16 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Chas E. Schaefer Sprickard, Mo.</u>		
20. FILED <u>April 16, 1935 Mrs Claud Thomas</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 15, 19 35

22. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1935, to Apr 15, 1935.
I last saw him alive on Apr 15, 1935. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:
Premature Birth 7 month

Other contributory causes of importance

15A

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) E. C. Ewing, M. D.
(Address) Sprickard, Mo.

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.

1. The purpose of this document is to provide a comprehensive overview of the current status of the project and to identify the key areas for improvement.

2. The project has been initiated in accordance with the approved plan and is currently in the planning phase. The following table provides a summary of the project's progress to date.

Task	Status	Completion Date
Task 1	Completed	10/15/2023
Task 2	In Progress	11/01/2023
Task 3	Not Started	11/15/2023

3. The project is currently facing several challenges, including a shortage of resources and a lack of clear communication. These issues are being addressed through a series of meetings and discussions with the relevant stakeholders.

4. The project is expected to be completed by the end of the year. The following table provides a summary of the project's budget and financial status.

Category	Amount
Budget	\$1,000,000
Actual	\$850,000

5. The project is currently in the implementation phase. The following table provides a summary of the project's performance and key metrics.

Metric	Value
Performance	95%
Quality	90%

6. The project is currently in the evaluation phase. The following table provides a summary of the project's results and key findings.

Result	Value
Results	95%
Findings	90%

7. The project is currently in the final phase. The following table provides a summary of the project's final status and key conclusions.

Status	Value
Status	95%
Conclusions	90%

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Status	Value
Status	95%
Conclusions	90%