

MAY 31 1935

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

Do not use this space.

13609

1. PLACE OF DEATH

County Mercer  
Township Harrison  
City (No. ....)

Registration District No. 558  
Primary Registration District No. 5749

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Agustan Cook Ballew

(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<br><u>Male</u>  | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/> |                                  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 14 - 1854</u>                                   |                                  |   |
| 7. AGE YEARS<br><u>81</u>  | MONTHS<br><u>1</u>               | DAYS<br><u>15</u>   |
| If LESS than 1 day, .... hrs. or .... min.   |                                  |   |

|            |  |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Common</u> |
|            | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>Labor</u>           |
|            | 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) Princeton Mo

13. NAME Richard Baxter Ballew

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

15. MAIDEN NAME Clement

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

17. INFORMANT (ADDRESS) Marville Ballew Princeton Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Princeton DATE April 28 1935

19. UNDERTAKER (ADDRESS) Nash & Sons Princeton Mo

20. FILED 4/27 1935 JMP Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26 1935

22. I HEREBY CERTIFY That I attended deceased from April 20 1935 to April 20 1935.  
I last saw him alive on April 20 1935. Death is said to have occurred on the date stated above, at 12:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Atherosclerosis  
Date of onset .....

Other contributory causes of importance:  
Sclerosis

Name of operation None Date of .. 308  
What test confirmed diagnosis? Phys signs 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 ..  
(Signed) JMP M. D.  
4/27-35 (Address) Princeton Mo

