

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

Do not use this space.

17076-1

AUG 19 1935

1. PLACE OF DEATH

County Macon
Township Callao
City _____ (No. _____)

Registration District No. 528
Primary Registration District No. 5704

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Jane Ballenger</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 20 1856</u> | | |
| 7. AGE YEARS <u>78</u> | MONTHS <u>10</u> | DAYS <u>17</u> |
| If LESS than 1 day, _____ hrs. or _____ min. | | |

| | |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> |
| | 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) Callao
(STATE OR COUNTRY) Mo

13. NAME John Ballenger

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

15. MAIDEN NAME Myrum Skinner

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

17. INFORMANT B. J. Ballenger
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Callao, Mo DATE May 9 1935

19. UNDERTAKER G. A. Perry
(ADDRESS) Callao, Mo

20. FILED 578 1935 H. B. Bacon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1 1934, to May 7 1935

I last saw him alive on May 6 1935 Death is said

to have occurred on the date stated above, at 2:45 m.

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

Date of onset _____

Chrom. Nephritis
Arteriosclerosis

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis Phys. Exam 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) W. A. M. D. M. D.

(Address) Callao 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.

