

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

JAN 21 1936

Do not use this space.

28420-1

1. PLACE OF DEATH

County Spannon
Township Calvin
City _____ (No. _____)

Registration District No. 824
Primary Registration District No. 60713

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

2. FULL NAME

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 30 - 1918
7. AGE YEARS 17 MONTHS 3 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

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. Farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

FATHER

MOTHER

INFORMANT

UNDERTAKER

FILED

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spannon Co., Mo.
13. NAME Austin Ballance
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manier Co., Mo.
15. MAIDEN NAME Therese Keller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cowley Co., Kan.
17. INFORMANT (ADDRESS) Austin Ballance
18. BURIAL CREMATION, OR REMOVAL PLACE Wagona DATE Aug. 11, 1935
19. UNDERTAKER (ADDRESS) Van Dine
20. FILED 8-11- 1935 Frank W. Hyde Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1935 to Aug 10, 1935
I last saw him alive on Aug 9, 1935. Death is said to have occurred on the date stated above, at 4:00 a.m.
The principal cause of death and related causes of importance were as follows:

Injury accidental
to chest, internal
hemorrhage
was run over by
road wagon

Other contributory causes of importance: _____

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) W. E. Andy, M. D.
(Address) Evansville, Mo.

Registrar.

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.

