

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

Do not use this space.

DEC 18 1935

33396

1. PLACE OF DEATH

County Howard
Township Fayette
City Romie Ballew (No. _____)

Registration District No. 878
Primary Registration District No. 4222

File No. _____
Registered No. 67
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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virginia Ballew.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/11th 1891

7. AGE YEARS 44 MONTHS 10 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic,
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) Missouri (STATE OR COUNTRY)

13. NAME William Ballew,

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

15. MAIDEN NAME Flora Rose.

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

17. INFORMANT Virginia Ballew. (ADDRESS) Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonesboro DATE 12/6th 1935

19. UNDERTAKER Guy T. Ballew. (ADDRESS) Fayette, Mo

20. FILED Dec. 8, 1935-V. O. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/4th 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1935, to 12-4, 1935.
I last saw him alive on 12-4, 1935. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

Coronary occlusion Date of onset 12-2
Myocardial rupture 12-4
Other contributory causes of importance _____

Name of operation none Date of _____
What test confirmed diagnosis? EKG. Was there an autopsy? N.O.

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) Wm. J. Shaw, M. D.
(Address) Fayette, Mo.

