

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

Do not use this space.

FEB 17 1936

22

1. PLACE OF DEATH

County ADAIR Registration District No. 4
Township _____ Primary Registration District No. 3001
City KIRKSVILLE MO (No. _____, St. _____ Ward _____)

File No. _____
Registered No. 19

2. FULL NAME MILTON BALLINGER

(a) Residence, No. R R NO NO 6 KIRKSVILLE MO 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 (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF NANCIE J BALLINGER		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE YEARS 87	MONTHS <u>Unknown</u>	DAYS <u>Unknown</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. STOCK & GRAIN		
10. Date deceased last worked at this occupation (month and year) <u>UP UNTILL DEATH</u>		
11. Total time (years) spent in this occupation <u>LIFE TIME</u>		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CALLO MO

13. NAME **HENERY BALLINGER**

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

15. MAIDEN NAME DONT KNOW

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

17. INFORMANT (ADDRESS) Miss B. Ballinger

18. BURIAL, CREMATION, OR REMOVAL PLACE SLOAN POINT DATE Jan. 27 1936

19. UNDERTAKER (ADDRESS) David T. Wilson

20. FILED Jan. 27 1936 Spencer Freeman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 24th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24 1936 to 2.15 P M 1936
last saw him alive on Jan. 24 1936 Death is said to have occurred on the date stated above, at 2.15 P M.
The principal cause of death and related causes of importance were as follows:

Senility
Myocarditis chronic

Other contributory causes of importance:
ascites

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. O. Sticksley, M. D.
(Address) Kirkville, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

