

FEB 20 1936

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

Do not use this space.

190

1. PLACE OF DEATH

County Boone
Township Rockyford
City Hallsville (No. _____)

Registration District No. 74
Primary Registration District No. 4042

File No. _____
Registered No. 1
St. _____ Ward _____

2. FULL NAME Jarbas Ballou Bruton

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. X 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of Grant Bruton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10 - 1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
91 10 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
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) (STATE OR COUNTRY) Hallsville Boone Co. Mo.

FATHER 13. NAME Richard T. Roberts

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

MOTHER 15. MAIDEN NAME Polly Ballou

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo.

17. INFORMANT (ADDRESS) Mrs. C. M. Rowe Hallsville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Red Top Cemetery - DATE 1-12- 1936

19. UNDERTAKER (ADDRESS) G. L. S. Hoek Hallsville Mo.

20. FILED 1-11- 1936 Ms. F. L. Lawrence
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 2nd 1936, to Jan 9 1936
I last saw her alive on Jan 9 1936 Death is said to have occurred on the date stated above, at 5:00 m.

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

Acute Lobes Pneumonia Jan 5
Date of onset
Other contributory causes of importance age 91

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) C. B. Lawrence, M. D.
(Address) Hallsville 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.

