APR 11 1936

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

Do not use this space.

12839

File No.

Registered No. 2892

1. PLACE OF DEATH

County

Township

City St Louis Mo (No. Isolation Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1008

2. FULL NAME Genena Ballard

(a) Residence, No. 2111 Delmar St., 21 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: Female

4. COLOR OR RACE: Colored

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) Nov. 21-1915

7. AGE: 20 YEARS | MONTHS: 3 | DAYS: 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student.

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) June 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Tenn.

FATHER

13. NAME Homer Ballard

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

MOTHER

15. MAIDEN NAME Mary Ellen Brown

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

17. INFORMANT (ADDRESS) Isol. Hosp. Record. A. E. Reilly

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fatter Dixon Tenn DATE 3-18 1936

19. UNDERTAKER (ADDRESS) Ellis Funeral Home 2820 Goodwin St

20. FILED MAR 17 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1935, to March 13, 1936

I last saw her alive on March 13, 1936 Death is said to have occurred on the date stated above, at 12 30 m noon

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

Chronic Pulmonary Tuberculosis
Tubercular Enteritis

Date of onset

Other contributory causes of importance:

Name of operation Phys. Date of

What test confirmed diagnosis? X-Ray Lab. Was there an autopsy? Yes

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) C. A. Smith, M. D.

(Address) ISOLATION HOSPITAL

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.

Lc 460

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