

JUN. 22 1936

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

Do not use this space.

19217

## 1. PLACE OF DEATH

County HarrisonRegistration District No. 334Township BethanyPrimary Registration District No. 4197City Bethany (No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. 39

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Laten L. Ballard

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFAda Ballard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

4-12-1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

76027

OCCUPATION

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.

Retired

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)

Keosauqua Iowa

FATHER

13. NAME

Strangler Ballard

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

Do not know

MOTHER

15. MAIDEN NAME

Mary - Do not know

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

Do not know

17. INFORMANT

(ADDRESS)

Ada Ballard  
Bethany Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Catholic Cemetery

DATE

5-11-1936

19. UNDERTAKER

(ADDRESS)

S. M. Lee  
Bethany Mo.20. FILED 5-18-1936A. E. Westling

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-9 1936

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 20 1936, to May 9 1936I last saw him alive on May 8 1936 Death is saidto have occurred on the date stated above, at 11 A. m.

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

Cerebral hemorrhage

Date of onset

Other contributory causes of importance:

InsanityName of operation none

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) J. H. Boyles

M. D.

(Address) Bethany Mo.

**THE**

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