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

Do not use this space.

JUL 21 1936

File No. 22671

Registered No. 9

1. PLACE OF DEATH
County Howard. Registration District No. 379
Township ... Primary Registration District No. 4241
City Boonslick, (No. ..., ... St. ... Ward)

2. FULL NAME John Robrt Ballew,

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/29th 1862

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
73	9	7	

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.

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) Missouri.

FATHER

13. NAME Barney Ballew.

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

MOTHER

15. MAIDEN NAME Amanda Wills.

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

17. INFORMANT Morgan Wright,
(ADDRESS) Boonsborro.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Boonsborro. DATE 6/9th 1936

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

20. FILED 7-4 1936 W. A. Bloom Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/6 1936

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1935, to 6-6-36, 1936

I last saw him alive on 6-4 1936 Death is said to have occurred on the date stated above, at 12 p/ m.

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

	Date of onset
Carcinoma of Pancreas	1935
Other contributory causes of importance	
Myocarditis	1935

Name of operation None Date of ...

What test confirmed diagnosis? None 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? No

If so, specify ...

(Signed) W. A. Bloom, M. D.

(Address) Fayette 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.