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.

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

Do not use this space.

25611

AUG 15 1936

1. PLACE OF DEATH
County Buchanan, Registration District No. ..... File No. .....
Township Washington Primary Registration District No. ..... Registered No. 973
City St. Joseph, (No. 610 North 23rd. St. ..... Ward)

2. FULL NAME Elizabeth Ballinger,
(a) Residence, No. 610 North 23rd. St., ..... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 86 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Isaac S. Ballinger,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 23, 1842

7. AGE: YEARS 94 | MONTHS 3 | DAYS 22 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home,
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): Lexington Kentucky,

FATHER
13. NAME: Joseph Kuechle,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Stuttgart Germany,

MOTHER
15. MAIDEN NAME: Elizabeth Schrieber,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Freiburg Germany,

17. INFORMANT (ADDRESS): Mrs. Nellie Snail 610 North 23rd. Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora Cemetery DATE July 22, 1936

19. UNDERTAKER (ADDRESS): Heaton-Bergole & Bowman Funeral Home 619 So. 10th. St.

20. FILED 7-21 1936 N. J. Nestlebush Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20th, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1936, to July 20, 1936
I last saw her alive on July 19, 1936 Death is said to have occurred on the date stated above, at 12:45 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

82

Other contributory causes of importance: Arteria - Sclerosis

Date of onset

Name of operation ✓ Date of .....
What test confirmed diagnosis? Clinical 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) W. K. Walker, M. D.
(Address) 301 N. 8 St. Joseph Mo.