

SEP 23 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

30718

1. PLACE OF DEATH

County HowardRegistration District No. 378

Township

Primary Registration District No. 4222

City

Fayette

(No. _____)

St. _____

Ward _____

Sallie Cuzie Ballew.

2. FULL NAME

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

St. _____

Ward _____

(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

White

5. SINGLE, MARRIED, WIDOWED, OR

Married.
(If divorced, write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF Sallie Cuzie Ballew.
(OR) WIFE OF

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

1-12-1886

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.72720

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer9. 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
occupation12. BIRTHPLACE (CITY OR TOWN).
(STATE OR COUNTRY)Howard Co Mo

13. NAME

Charles A. Calloway.

MOTHER FATHER

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

15. MAIDEN NAME

Mary Thorn,16. BIRTHPLACE (CITY OR TOWN).
(STATE OR COUNTRY)MissouriJoe Ballew.17. INFORMANT
(ADDRESS)Fayette. Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Walnut Ridge

DATE

8/10th 193619. UNDERTAKER
(ADDRESS)Guy T. Haller

20. FILED

Aug 8 1936V. O. Bonham

Registrar

MEDICAL CERTIFICATE OF DEATH

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

8/8th 1936

, 19

22. I HEREBY CERTIFY. That I attended deceased from

8-4, 1936, to 8-8- 1936I last saw him alive on 8-8- 1936. Death is saidto have occurred on the date stated above, at 8 p.m.

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

Myocarditis chronicwith Cardiac decompensation(acute)

Date of onset

8-8-36

Other contributory causes of importance:

Acute Gastro Enteritis8-4-36

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?

If so, specify _____

(Signed) _____

(Address) _____

M. D.

