

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

Do not use this space.

31816

SEP 25 1936
 1. PLACE OF DEATH
 County Linn
 Township Grand River
 City Haley, Mo (No. _____)

Registration District No. 1076
 Primary Registration District No. 5681

File No. _____
 Registered No. 9 St. _____ Ward _____

2. FULL NAME Eliza E. Ballou
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Chas. Ballou
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1871
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 8 9

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15, 1936
 22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1936 to Aug 15, 1936
 I last saw her alive on Aug 14, 1936 Death is said to have occurred on the date stated above, at 8:15 p.m.
 The principal cause of death and related causes of importance were as follows:

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

Chronic myocarditis
of 10 or 15 yrs standing
of 70

MOTHER FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 13. NAME Mrs. Stone
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan
 15. MAIDEN NAME Eliza Leaton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Other contributory causes of importance:
Rehabilitating effects of high temperatures (110°)
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Physical exam Was autopsy? No

17. INFORMANT Tom Ballou (ADDRESS) Hale, Mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Leaton DATE Aug 17, 1936
 19. UNDERTAKER Frank E. Slater (ADDRESS) 114 N. 3rd St. Mo.
 20. FILED Aug 17, 1936 Mrs. Chas. Ludwig Registrar

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) A. J. Lewis, M. D.
 (Address) Sumner, Mo

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.

