

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

Do not use this space.

OCT 20 1936

33556

1. PLACE OF DEATH

County Andrain
Township Ballwin
City Mexico Mo (No. Andrain Harp)

Registration District No. 26
Primary Registration District No. 3000

File No. _____
Registered No. 154
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Roy Turner Baller St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Amelia Baller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 14, 1882</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>4</u>
		DAYS <u>29</u>
	If LESS than 1 day, _____ hrs. _____ min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>
	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) Andrain County Mo.
(STATE OR COUNTRY)

13. NAME John H. Baller

14. BIRTHPLACE (CITY OR TOWN) Carroll County Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Mattie Y. Shipp

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

17. INFORMANT Charles Baller
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE 9-15-1936

19. UNDERTAKER H. B. Priddy & Son
(ADDRESS) Mexico Mo.

20. FILED 9-14-36 Blanche Neely
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:30 P.M.

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

Coroner's Case: Jury's Verdict: Died of a fractured 3rd cervical

vertebra the result of being struck

by a Wabash Passenger Train #2,

Engine #697, in charge of engineer

Frank Rashaw, said accident

occurring on No. Avenue R.R. Cross-

ing, Mexico, Andrain County Mo.

occurring on September 12, 1936

at about 1:20 P.M.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 9-12-1936

Where did injury occur? Mexico-Andrain Co., Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public place

Manner of injury Train striking automobile

Nature of injury Fractured cervical vertebra

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W. K. McCall coroner M. D.

(Address) Ladonia-Andrain County-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.

