

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

Do not use this space.

**DEC 18 1936**

40508

**1. PLACE OF DEATH**

County BUCHANAN Registration District No. 86  
Township WASHINGTON Primary Registration District No. 5127  
City ST. JOSEPH, MO. (No. COUNTY INFIRMARY) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 93

**2. FULL NAME MARIE L. FRANK BALLINGER**

(a) Residence No. COUNTY INFIRMARY St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 57 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) MARRIED  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY 17, 1856  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
80 10 0

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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

13. NAME UNKNOWN

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

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT COUNTY RECORDS  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE ASHLAND DATE Nov 25, 36

19. UNDERTAKER FLEEMAN & SON INC.  
(ADDRESS) 1946 COLHOUN ST., ST. JOSEPH, MO.

20. FILED Nov. 24, 1936 B. W. Tadlock Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935 to Nov. 17, 1936  
I last saw her Nov 15 alive on \_\_\_\_\_, 1936 Death is said to have occurred on the date stated above, at P. R. m.  
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 1 day  
Other contributory causes of importance:  
Arterio-sclerosis general (P)  
Nephritis - chronic (V)

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) Will Clark M. D.  
301 P. S. Bldg  
St. Joseph Mo  
(Address)

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.

