

APR 16 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

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1. PLACE OF DEATH

County Bedford
 Township Benton
 City Bedford (No. St. Ward)

Registration District No. 164
 Primary Registration District No. 5229

File No.
 Registered No.

2. FULL NAME

(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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ernest Ballard
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 22 - 1864
 7. AGE YEARS 73 MONTHS 0 DAYS 7 If LESS than 1 day, hrs. of min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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 50 1/2

12. BIRTHPLACE (CITY OR TOWN) Richmond, Mo. (STATE OR COUNTRY)

13. NAME John Ballard

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

15. MAIDEN NAME Winnifred Bales

16. BIRTHPLACE (CITY OR TOWN) Richmond, Mo. (STATE OR COUNTRY)

17. INFORMANT Ernest Ballard (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Anna Chas. Dean DATE 3 30 37

19. UNDERTAKER W. P. Long, Jr. (ADDRESS)

20. FILED March 5 1937 Mrs. Mary Heifner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1937

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

I last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at 9:00 a.m.

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

Suicide by
hanging in
well.

Other contributory causes of importance: 164

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? 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) M. D. Guerin M. D.
 (Address) C. J. Donalds, Jr., Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

