

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.

MAY 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cass
Township Dick
City _____ (No. _____)

Registration District No. 159
Primary Registration District No. 5224

File No. 15991
Registered No. 2
St. _____ Ward _____

2. FULL NAME

Mary Jane Ballard
(a) Residence, No. _____ 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 Female 4. COLOR OR RACE American 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-14-1871
7. AGE YEARS 65 MONTHS 6 DAYS 24 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper
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) Cass County, Mo.
(STATE OR COUNTRY)

13. NAME A. C. Putnam
14. BIRTHPLACE (CITY OR TOWN) Glasgow Ill.
(STATE OR COUNTRY)

15. MAIDEN NAME Mary M. Penick
16. BIRTHPLACE (CITY OR TOWN) Ill.
(STATE OR COUNTRY)

17. INFORMANT J. Frank Ballard
(ADDRESS) Shawburg Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shawburg Mo. DATE 4-11-37

19. UNDERTAKER A. D. Noyes
(ADDRESS) Shawburg Mo.

20. FILED 4/10 1937 W. Beckman
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8th 1937

22. I, HEREBY CERTIFY That I attended deceased from April 1st, 1937, to April 8, 1937.
I last saw her alive on April 1st, 1937. Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

Cardiac Complications

Other contributory causes of importance:

Chronic Nephritis

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) J. H. Baldern, M. D.
(Address) Shawburg Mo.

