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.

78
7
2

JUL 31 1937

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

Do not use this space.

24512

1. PLACE OF DEATH
County Pemiscot
Registration District No. 655
Township
Primary Registration District No. 4392
City Steele, Mo (No. ..... St. ..... Ward)

File No.
Registered No.

2. FULL NAME Alice Jane Ballentine

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12 — 27 — 1934

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
2	5	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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) Steele Mo

FATHER
13. NAME Herby Ballentine
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Godsden Tenn

MOTHER
15. MAIDEN NAME Lillie Mathis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Steele Mo

17. INFORMANT (ADDRESS) H. Ballentine Steele, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Holly Cem DATE 6 — 18 1937

19. UNDERTAKER (ADDRESS) German Undt Co Steele Mo

20. FILED 7/10 1937 L. T. Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 — 17 — 1937

22. I HEREBY CERTIFY, That I attended deceased from 6 - 5 1937, to 17th of June 1937
I last saw her alive on 17 June 1937. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Colitis (Pneumonia Bronchial

Date of onset

Other contributory causes of importance:

Whooping Cough

Name of operation ..... Date of .....
What test confirmed diagnosis? Symptoms 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. R. McDaniel, M. D.
(Address) Steele Mo