

SEP 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Waynes
Township Mill Spring
City Mill Spring (No. 1)

Registration District No. 895
Primary Registration District No. 6197

File No. 32116
Registered No. 6
St. _____ Ward _____

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

MEDICAL CERTIFICATE OF DEATH

1. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-26-1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hra. or _____ min. Stillborn

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) Mill Spring Waynes

13. NAME Edward Ballis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mill Springs Waynes

15. MAIDEN NAME Ethel King

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mill Spring Waynes

17. INFORMANT Edward Ballis (ADDRESS) Mill Spring

18. BURIAL, CREMATION, OR REMOVAL PLACE Mill Spring DATE 8-27 1937

19. UNDERTAKER Funerals (ADDRESS) Mill Spring

20. FILED 8-28 1937 Mrs. J. H. Bone Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-26 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 _____ in.

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

Stillborn Date of onset _____

Other contributory causes of importance: _____

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. Bone, M. D.

(Address) Mill Spring, Mo.

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

