

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

Do not use this space.

DEC 15 1937

1. PLACE OF DEATH

County Cape Girardeau
Township _____
City Oak Ridge Mo (No. _____)

Registration District No. 128
Primary Registration District No. 5196B
4071

File No. 40899
Registered No. _____
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

3. SEX 4 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 Wm J. Jeffries

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 81 3 15

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) Oak Ridge Mo

13. NAME Levi Ballinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

15. MAIDEN NAME Sally Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo.

17. INFORMANT (ADDRESS) Wm J. Jeffries Oak Ridge Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge Cemetery DATE Dec 3 1937

19. UNDERTAKER (ADDRESS) M. Hornb. Funeral Co. Jackson Mo.

20. FILED Dec 15 1937 Rama V. Siebe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Cheestland 19 to death 1937
I last saw him alive on around 1937 Death is said

to have occurred on the date stated above, at 4:28 p.m.
The principal cause of death and related causes of importance were as follows:

Some unknown heart trouble probably stroke

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 _____, 1937

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) A. D. Blylock, M. D.

(Address) Oak Ridge Mo.

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.

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