

REC'D SEP 14 1938

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

Do not use this space.

28540

1. PLACE OF DEATH

County Way Seaden  
Township  
City Cap Seaden No. S.E. Mo Hospital

Registration District No. 130  
Primary Registration District No. 3909

File No.  
Registered No. 25-4  
St. Ward

2. FULL NAME

(a) Residence, No. Seaden, Mo St. Seaden, Mo 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
71 4 19

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) Collinge Co. Mo

13. NAME Alexander Pierce

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

15. MAIDEN NAME Nancy Stratton

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

17. INFORMANT Mrs. Charlie Ballinger  
(ADDRESS) Marble Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cooker, Tenn. DATE 8-29 1938

19. UNDERTAKER Robert Funeral Home  
(ADDRESS) Seaden, Mo.

20. FILED 8-29-38 Seaden, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1938 to Aug - 29, 1938  
I last saw h. or alive on Aug - 27, 1938. Death is said to have occurred on the date stated above, at 6:45 P.m.

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

Cerebral Thrombosis Date of onset 4 days  
acute

Other contributory causes of importance:  
Chronic myocarditis 5 mo  
Chronic cholelithiasis 15 yrs

Name of operation none 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? no  
If so, specify \_\_\_\_\_  
(Signed) D.R. Suberog, M. D.  
(Address) Jackson, 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.

WHILE FATHER, WITH CHANGING INITIALS IS A PERMANENT RECORD

