

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.

AUG 15 1938 REG'D SEP 9 1938

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

Do not use this space.

1. PLACE OF DEATH *Ogden*  
 County *St. Charles* Registration District No. *284*  
 Township *Furness-Deager* Primary Registration District No. *104*  
 City *Ferguson* (No. *Charlotte Dr. Ferguson*) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *John H. Ballmann*  
 (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.

29974

File No. \_\_\_\_\_  
Registered No. *1369*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 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 *Amelia Ballmann*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *2-3-1855*

7. AGE YEARS *83* MONTHS *6* DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Farmer*

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 \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8-15-1938*

22. I HEREBY CERTIFY, That I attended deceased from *7-1-1938* to *8-15-1938*

I last saw him alive on *8-15-1938* Death is said to have occurred on the date stated above, at *12:30* p. m.

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

*Chronic myocarditis* Date of onset *1928*

Other contributory causes of importance: *Chronic nephritis* *1925*  
*Arteriosclerosis* *1920*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Russell Co. Mo*

13. NAME *John H. Ballmann*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Charles Mo*

15. MAIDEN NAME *Don't know*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *1*

17. INFORMANT *Georgia Thoroughman* (ADDRESS) *1 Ferguson*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Schlesinger Mo* DATE *8-17-38*

19. UNDERTAKER *Marie Marchoney* (ADDRESS) *107*

20. FILED *AUG 15 1938* 19 *G. R. Meyer M.D.* Registrar. *1707*

Name of operation *none* Date of \_\_\_\_\_

What test confirmed diagnosis *chest* Was there an autopsy? *No*

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 *Roy Johnson* (Signed) \_\_\_\_\_, M. D.  
*Roy Johnson* (Address) \_\_\_\_\_

