

NOV 15 1938

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

Do not use this space.

34981

1. PLACE OF DEATH
County Atch Co Registration District No. 19
Township _____ Primary Registration District No. 4013
City Rock Port, Mo (No. _____) St. _____ Ward _____
2. FULL NAME Reuben W. Ballou
(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

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 Belle Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-16-1854

7. AGE YEARS 84 MONTHS 7 DAYS 8 IF LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hartsville, Mo

13. NAME David Ballou

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

15. MAIDEN NAME Maudie Sparks

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

17. INFORMANT Wm. Ballou
(ADDRESS) Rock Port, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fremont Cem DATE Oct-26 1938

19. UNDERTAKER Chas Bartholomew
(ADDRESS) Rock Port, Mo

20. FILED Nov 10 1938 Wm. H. Chamberlain
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1938, 1938, to Oct 24, 1938, 1938
I last saw him alive on Oct 24, 1938 Death is said to have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:
Pneumo-pneumonia Date of onset _____

Other contributory causes of importance: 11 W

Name of operation none Date of _____
What test confirmed diagnosis? _____ 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? Yes
If so, specify _____
(Signed) James A. Gray, M. D.
(Address) Watson Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

0 100

