

REC'D DEC 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County Lincoln  
Township Union  
City Troy Mo (No. .... St. .... Ward)

Registration District No. 490  
Primary Registration District No. 5653

File No. 39671  
Registered No. 14

2. FULL NAME

(a) Residence, No. Eva Duley St. .... Ward.  
(Usual place of abode) Troy Mo

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Bread Duley

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7, 1875

8. AGE YEARS 63 MONTHS 6 DAYS 2 If LESS than 1 day, .... hrs. or .... min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. 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) Troy Missouri

13. NAME John Balloway

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Troy Missouri

15. MAIDEN NAME Dunn

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

17. INFORMANT Bread Duley (ADDRESS) Troy Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Balloway Cem DATE Nov 10 1938

19. UNDERTAKER (ADDRESS) W. Payne McCoy Troy Mo

20. FILED 11-12-38 O. H. Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/2, 1938, to 10/9, 1938  
I last saw her alive on October 4, 1938. Death is said to have occurred on the date stated above, at 3:15 A.M.  
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset 10/1

Other contributory causes of importance: Chronic nephritis

Name of operation ..... 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? No.  
If so, specify .....  
(Signed) J. B. Hoey, M. D.  
H. H. Starnes - mo (Address) 427

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.

