

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.

JAN 17 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

53 County Laclede
 Township 1
 City Lebanon, Mo. (No. 449)

Registration District No.

Primary Registration District No.

File No.

43564

Registered No.

St. Lebanon Ward 1

2. FULL NAME

(a) Residence, No. 1 Hazel Green St. 1 Ward 1
 (Usual place of abode)

Length of residence in city or town where death occurred 52 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) v

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

Mrs. Helen Ballew

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

7. AGE YEARS 52 MONTHS 7 DAYS 1 If LESS than 1 day, hrs. or min.

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

Automobile dealer

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

Bob's Used Car Dealer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 2 mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Hazel Green, Mo.

13. NAME

Mr. H. Ballew

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

Hazel Green, Mo.

15. MAIDEN NAME

Martha Harrison

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

Hazel Green, Mo.

17. INFORMANT (ADDRESS)

Mrs. Mart Ballew (brother)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hazel Green, Mo. DATE Dec 3 - 1937

19. UNDERTAKER (ADDRESS)

R. P. People

20. FILED

12.5 1938 J. A. McCoub Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2 1938

22. I HEREBY CERTIFY, That I attended deceased from

12-2 1938 to 12-2 1938

I last saw him alive on 12-2 1938 Death is said

to have occurred on the date stated above, at 7:15 a. m.

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

Lobar Pneumonia Date of onset

Other contributory causes of importance: 1938

Chronic Pyelitis

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 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?

If so, specify

(Signed) J. A. McCoub M. D.

(Address) Lebanon Mo

RECEIVED

District Health Officer No. 7,

District File Number 7-29-67

Date Filed 1-11-39

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

435-68
Do not use this space.

1. PLACE OF DEATH
- (a) County Laclede Registration District No. 449
(b) Township Lebanon Primary Registration District No. 4267
(c) City Lebanon (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joy H. Ballen
- (a) Residence, No. _____ St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
(write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs J.H. Ballen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 - 1886
7. AGE YEARS 52 MONTHS 7 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE _____ DATE _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED 2-15-39 J. A. McCamb
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Date of onset

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 _____, 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?

If so, specify _____

(Signed) J. H. Summers, M. D.

(Address) Lebanon, Mo.

