

REC'D MAR 17 1939

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

6405

Do not use this space.

## 1. PLACE OF DEATH

(a) County Saugus Registration District No. 272  
(b) Township Finley Primary Registration District No. 5780 Registered No. 2  
(c) City R. Ava Mo. (d) Street No. \_\_\_\_\_ St.  
(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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

Herbert Thomas Ballard  
(a) Residence, No. mt. Zion R. Ava Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

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 Anna Ballard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
82 9 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ministry  
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) Hancock, (STATE OR COUNTRY) Ill.

FATHER 13. NAME Jacob Ballard  
14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME Delcina Spencer  
16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mrs M L Cozart (ADDRESS) Ava, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ava DATE 1-4, 1939

19. FUNERAL DIRECTOR (NAME) C. V. Climbighard (ADDRESS) Ava, Mo.

20. FILED 2-28, 1939 Henry Benke Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1939, to 1-1, 1939

I last saw him alive on Dec 30, 1939. Death is said to have occurred on the date stated above, at 3:15 P. m.

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

Bronchial Asthma and Secondary Heart trouble. Had had asthma for 20 or 25 yrs.

Date of onset

None known

Other contributory causes of importance:

Embolic infarct of heart Double

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? AF 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) R. M. Norman, M. D.  
(Address) Ava Mo.

*Dr. P.M. Harrison*

RECEIVED

District Health Officer No. 6,

District File Number 6-39-516

Date Filed MAR 8 1939

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**