

1939 APR 19 1939

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

Do not use this space.

1. PLACE OF DEATH

County Lafayette Registration District No. 459
Township Freedom Secondary Registration District No. 562113
City Higginsville No. Stillborn St. Ward

File No. 11340
Registered No. 6

2. FULL NAME

(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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 6, 1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day... hrs. or... min.

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

MOTHER 13. NAME Louis Charles Ballenger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carl, County Missouri

15. MAIDEN NAME Daisy Mae DeLaughter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coffee County Kansas

17. INFORMANT J. Ballenger (ADDRESS) Higginsville Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Higginsville DATE March 11, 1939

19. UNDERTAKER James O. Lomax (ADDRESS) Higginsville, Mo.

20. FILED March 9, 1939 Edmund Shyrum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1939

22. I HEREBY CERTIFY, That I attended deceased Mar 9, 1939

I last saw her dead - on - March 5, 1939. Death is said to have occurred on the date stated above, at 2 P.M.

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

Pneumonia

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) R. H. Schouhats, D.O.
(Address) Higginsville, 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.

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RECEIVED
District Health Officer No. 8,
District File Number 4/7/39
Date Filed _____