

REC'D APR 18 1939

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

Do not use this space.

12104

1. PLACE OF DEATH
93 County St Clair Registration District No. 766
Township Roscoe Primary Registration District No. 4461
City Roscoe (No.) St. Ward)

2. FULL NAME Mary Elizabeth 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charley Ballou
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/6/1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 4 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Green County (STATE OR COUNTRY) Illinois

FATHER 13. NAME William Teter

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

MOTHER 15. MAIDEN NAME Susanna Pinkerton

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

17. INFORMANT Mrs. E. D. Porter (ADDRESS)

18. BURIAL, CREMATION, OR OTHER PLACEMENT Roscoe Mo
PLACE Roscoe DATE 1/17/39

19. UNDERTAKER F. B. Goodrich (ADDRESS) Roscoe Mo

20. FILED Mar. 17, 1939 Mrs. F. B. Goodrich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/15/39, 1939
22. I HEREBY CERTIFY, That I attended deceased from 12-10, 1938 to 3-12, 1939
I last saw him alive on 3-12, 1939 Death is said to have occurred on the date stated above, at 7:00 p. m.
The principal cause of death and related causes of importance were as follows:

Influenza

Other contributory causes of importance: Fracture

Name of operation None Date of
What test confirmed diagnosis? Cholera Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury 19.....
Where did injury occur? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify no

(Signed) J. W. Prehoda, M. D.
(Address) J. W. Prehoda

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.

RECEIVED
District Health Officer No. 7,
District File Number 7-39-600
Date Filed 4-15-39