

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REC'D MAY 19 1939

16255

Do not use this space.

1. PLACE OF DEATH

(a) County Schuyler Registration District No. 802
 (b) Township Labadie Primary Registration District No. 6046
 (c) City Doubling (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

(a) Residence, No. _____ 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 Fi. 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m.
 5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF P. A. Ballen.
 (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 1875
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min.
60 1 25

OCCUPATION 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. Housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME James Ayer
 14. BIRTHPLACE (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY)

17. INFORMANT P. A. Ballen
 (ADDRESS) Doubling Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Labadie DATE April 22 1939

19. FUNERAL DIRECTOR Lloyd Moore
 (ADDRESS) Doubling Mo.

20. FILED Apr 21 1939 H. E. Gerwig
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20 1939

22. I HEREBY CERTIFY, that I attended deceased from Dec 1 1938 to Apr 20 1939

I last saw her alive on Apr 14 1939 Death is said to have occurred on the date stated above, at 9 P. M.

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

diabetes and had
porphyric stroke
and had heart

Date of onset

Other contributory causes of importance: 59

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) H. E. Gerwig, M. D.

721 (Address) Doubling Mo.

RECEIVED

District Health Officer No. 10

District File Number 4-32-932

Date Filed MAY 10 1939

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____, L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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