

FILED MAR 19 1940

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

Do not use this space.

6519

1. PLACE OF DEATH

County Dunklin Registration District No. 290
Township Salem Primary Registration District No. 5408
City (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

452 Martha Elizabeth Ballins(a) Residence, No. Dunklin 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) Widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27 - 18657. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 0 0OCCUPATION 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. none
10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Middle TennFATHER 13. NAME Rhupus Eastman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Middle TennMOTHER 15. MAIDEN NAME Sant Knauer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Middle Tenn17. INFORMANT (ADDRESS) Thos Ballins
Senath mo18. BURIAL, CREMATION, OR REMOVAL PLACE McDew Camp DATE 2-28 194019. UNDERTAKER (ADDRESS) Howard Burrell Beasly
St Louis mo20. FILED Mar. 6 1940 A. J. McDowell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 194022. I HEREBY CERTIFY That I attended deceased from 2-24 1940I last saw him alive on Feb 27 1940 Death is saidto have occurred on the date stated above, at 3:00 p.m.

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

Flu

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? a

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? _____ (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 no(Signed) A. J. McDowell Registrar.(Address) Senath mo

I. M. D.

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. 2,

District File Number 340-800

Date Filed 3/14/40