

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

Do not use this space.

6245

1. PLACE OF DEATH

County Herrin
Township Bethlehem
City (No)

Registration District No. 347
Primary Registration District No. 5489A

File No. _____
Registered No. 28
St. _____ Ward _____

2. FULL NAME

Mrs. Louisa J. Ballard

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. W. Ballard</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 2 1841</u>		
7. AGE YEARS <u>87</u>	MONTHS <u>9</u>	DAYS <u>7</u>
IF LESS than 1 day, ____ hrs. or ____ min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Marion Co Mo

PARENTS	10. NAME OF FATHER <u>Joseph Terrill</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion Co. Mo</u>
	12. MAIDEN NAME OF MOTHER <u>Ma Peppers</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>

14. INFORMANT Miss Lillian Ballard
(Address) Brownington, Mo. R.R. #

15. FILED Feb. 11 1929
Dr. E. C. Seeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/9 1929
17. I HEREBY CERTIFY That I attended deceased from Dec 14 1928 to Feb 9 1929
that I last saw him alive on Dec 14 1928, 1928, and that death occurred, on the date stated above, at 2 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Softening of the Brain
due to Diphtheria
99
99C

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Chinase
(Signed) E. C. Seeler, M. D.
, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bethlehem Cem DATE OF BURIAL 2/10 1929

20. UNDERTAKER C. A. Pickett ADDRESS Brownington

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.

MAR 22 1929

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