

REC'D JUL 17 1938

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

Do not use this space.

21541

1. PLACE OF DEATH

County Douglas
Township Hale
City Hale (No. _____)

Registration District No. 137
Primary Registration District No. 2977

File No. _____
Registered No. 9
St. _____ Ward _____

2. FULL NAME

Andrew J. Ballou
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mollie J. Ballou

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 0 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Hale Co. Mo.13. NAME Amos Wesley Ballou14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Mary Ann Jackson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hale Co. Mo.17. INFORMANT (ADDRESS) Mollie Ballou Hale Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Hale DATE June 13, 193819. UNDERTAKER (ADDRESS) Frank E. Slaters Hale Mo.20. FILE NO. 12, 1938 Registrar W. P. Kemp

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1938

22. HEREBY CERTIFY that I attended deceased from Several yrs. to June 11, 1938
I last saw him alive on June 11, 1938 Death is said to have occurred on the date stated above, at 4 P. m.

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

Cerebral Hemorrhage Date of onset June 5
Had attack of S. M. P.
plegia 12 yrs ago -
never clearly recovered
"Cerebral softening" since
Other contributory causes of importance:
Cerebral arteriosclerosis
crisis

Name of operation _____ Date of _____

What test confirmed diagnosis? Spinal fluid Was there an autopsy? No23. 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? No

If so, specify _____

(Signed) J. W. Sturdy M. D.(Address) Sumner Mo.

