

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.

1753

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

Do not use this space.

SEP 13 1934

1. PLACE OF DEATH

County Carroll
Township
City Hale No.

Registration District No. 137
Primary Registration District No. 4077

File No. 28590
Registered No. 14 St. Ward

2. FULL NAME

Geo A. Ballou

(a) Residence, No. St. Ward. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Belew</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec-17-1868</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>5</u>
	DAYS <u>20</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired Farmer</u>	
	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) <u>Lunington Co. Mo</u>		
MOTHER FATHER	13. NAME <u>A. M. Ballou</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lunington Co Mo</u>	
	15. MAIDEN NAME <u>Mary Clinger</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jefferson Mo</u>	
17. INFORMANT (ADDRESS) <u>Mrs Geo Ballou Hale</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Hale</u> DATE <u>Aug 8 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Frank S. Stales Hale Mo</u>		
20. FILED <u>Aug 8 1934</u> <u>W. K. Kemp</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 1934, to Aug 7 1934
I last saw him alive on Aug 7 1934. Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 8-4-34

Other contributory causes of importance:
gla gla

23. 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) W. K. Kemp, M. D.
(Address) Hale Mo

