

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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NOV 22 1939

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

Do not use this space.

35731

1. PLACE OF DEATH

County Osage Registration District No. 4077
Township Hale Primary Registration District No. 4077
City Hale (No. _____) St. _____ Ward _____

File No. _____
Registered No. 11

2. FULL NAME

(a) Residence, No. _____ 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertrude Ballou

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 11 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
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) Osage Co. Mo.

13. NAME Thomas Ballou

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo.

15. MAIDEN NAME Josephine Owens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Mr. N. E. Ball
Hale Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hale County DATE Oct. 6 1939

19. UNDERTAKER (ADDRESS) Frank S. Slater
Hale Mo.

20. FILED Oct 5 1939 W. K. Kemp 1300
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4 1939

22. I HEREBY CERTIFY, That I attended deceased from June 10 1938, to Oct 4 1939
I last saw him alive on Sept 30 1939. Death is said to have occurred on the date stated above, at 9:30 p.m.

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

Chc. Embolism of lung with cardiovascular insufficiency & atherosclerosis

Date of onset ?

Other contributory causes of importance: 1246

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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? No
If so, specify _____

(Signed) J. M. Hardy M. D.
(Address) Osage Co. Mo.

District Health Officer No. 8.

RECEIVED

District File Number

11/7/39

Date Filed