

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

Do not use this space.

OCT 18 1935

28956

1. PLACE OF DEATH

County Cassell Registration District No. 135
Township Cassell Primary Registration District No. 3010
City Cassell (No.) St. (Ward)

File No.
Registered No. 103

2. FULL NAME

Mattie M Ballew
(a) Residence, No. 306 North Main St. 1st 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas A. Ballew

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-26-1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 6 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper

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) Cassell Mo

FATHER 13. NAME Robert C. Cole

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cassell Mo

MOTHER 15. MAIDEN NAME Carrie C. Fisher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Mo

17. INFORMANT (ADDRESS) Mrs O. F. Welch Cassell Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Madasko DATE Oct 3 1935

19. UNDERTAKER (ADDRESS) Widow's Home Cassell Mo

20. FILED 10-1 1935 North Haskins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-30 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 14 1935 to Sept 30 1935

I last saw him alive on Sept 30 1935. Death is said to have occurred on the date stated above, at 29.

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

Angina pectoris

Date of onset 9/14-35

Other contributory causes of importance acute indigestion

9/14-35

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? No

If so, specify

(Signed) Charles S. Anselmi M. D.

(Address) Cassell Mo

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.

