

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.

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

Do not use this space.

FILED. OCT 9 1944

**1. PLACE OF DEATH**

County Carroll Registration District No. 57  
 Township Hale Primary Registration District No. 4085  
 City Hale No. 0 St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 30680  
 Registered No. 24

**2. FULL NAME**

William David Ballew  
 (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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Etha May Smith Ballew  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-26-1874  
 7. AGE YEARS 70 MONTHS 0 DAYS 20 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate  
 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) Sept 16-44 11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown Co Mo.

13. NAME Hiram Wesley Ballew

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Mary Jackson

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

17. INFORMANT Mrs Etha Ballew  
 (ADDRESS) Hale Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hale Cemetery DATE Sept 18 1944

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

20. FILED 9-19 1944 Mrs Edgan Smith  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 16 1944

22. I HEREBY CERTIFY, That I attended deceased from Sept 16 1944 to Sept 16 1944  
 I last saw him alive on Sept 16 1944. Death is said to have occurred on the date stated above, at 2:09 p. m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage  
Arteriosclerosis  
 Date of onset 9-16-44  
1938

Other contributory causes of importance: 83a

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) Dr. Alvan A. Wehler M.D.  
 (Address) Hale, Mo

I hereby certify that the body whose name  
is recorded on the reverse side of this Certificate  
was Embalmed by me

Frank E. Slater  
Licence No 937     Hold Me