

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

Do not use this space.

7327

Mar 24 1936

1. PLACE OF DEATH

County Ray Registration District No. 914 File No. _____
Township Maple Grove Primary Registration District No. 6235- Registered No. 2
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Laura Florence Ballew

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11, 1936

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

22. I HEREBY CERTIFY, that I attended deceased from Feb 4, 1936, to Feb 11, 1936
I last saw h. or alive on Feb 6, 1936 Death is said to have occurred on the date stated above, at 10²² 17m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25, 1871

The principal cause of death and related causes of importance were as follows:
Cerebral Atrophy Date of onset 7/3/36

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____hra. or _____min.
64 1 16

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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 _____

Other contributory causes of importance:
General Arterio Sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co. Ill.

FATHER
13. NAME Frank Clemens

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

MOTHER
15. MAIDEN NAME Sarah Hoffmann

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

17. INFORMANT Chas Ballew (ADDRESS) Council Bluffs

18. BURIAL, CREMATION, OR REMOVAL PLACE Leith Union DATE 2-13 1936

19. UNDERTAKER C. and X. A. Reed (ADDRESS) Council Bluffs Mo.

20. FILED Feb 17, 1936 W. E. Hart Registrar.

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) C. A. Nolesky, M. D.
(Address) Bruner 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.

