

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

Do not use this space.

2221R

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... **St. Louis**..... **0003**
 City..... **St. Louis** (No. **City Hospital #2**).....
 Registered No. **6400**
 St. Ward)

2. FULL NAME

Harry Ballew
 (a) Residence. No. **3427** **Newton St.**, **21** Ward. (If nonresident give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred **32** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---------------------------------|---|
| 3. SEX Male | 4. COLOR OR RACE Col. | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8, 1886 | | |
| 7. AGE | YEARS 41 | MONTHS 11 |
| | DAY 7 | IF LESS than 1 day, hrs. or min. |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Porter (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer | | |

9. BIRTHPLACE (CITY OR TOWN) **Mo.**
 (STATE OR COUNTRY)

10. NAME OF FATHER **Chas. Ballew**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Ind.**
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Ann Stafford**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Ind.**
 (STATE OR COUNTRY)

14. INFORMANT **Anna F. Woodard**
 (Address) **City Hospital #2**

15. FILED **11 16 1928**
W. E. Farley
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 15, 1928**

17. I HEREBY CERTIFY, That I attended deceased from **10/15** 19**28**
 that I last saw **alive** on **6/15** 19**28**, and that death occurred, on the date stated above, at **10:30 a.m.**

18. CAUSE OF DEATH* WAS AS FOLLOWS
Branches Pneumonia
about 1290 (duration) **7** da.
Chronic (Secondary) **uremia - nephritis**
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED **not known**
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... **no** DATE OF.....
 WAS THERE AN AUTOPSY..... **no**
 WHAT TEST CONFIRMED DIAGNOSIS **Chinure**
 (Signed) **Dr. J. J. Jones**, M. D.
 , 19 (Address) **City Hosp. #2**

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) WHETHER ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Chillicothe mo.** DATE OF BURIAL **6/16 1928**

20. UNDERTAKER **A. Russell and Co.** ADDRESS **Pine St.**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

R. 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.

