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

Do not use this space. 22950 A

1. PLACE OF DEATH
County Henry
Township
City (No. St. Ward)
Registration District No. 351
Primary Registration District No. 5492
File No.
Registered No. 13

2. FULL NAME Violett Loraine 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.

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.

OCT 20 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
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 17, 1916
7. AGE YEARS 17 MONTHS DAYS If LESS than 1 day, ...hrs. or ......min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Mo

FATHER
13. NAME Robt W. Ballew
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Willie Tanner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT R W Ballew (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE Drummy Cem DATE 7/18, 1933
19. UNDERTAKER Frank Lenatz (ADDRESS) Montrose Mo
20. FILED ......, 19...... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1933
22. I HEREBY CERTIFY, That I attended deceased from ......, 19...... to ......, 19......
I last saw her alive on July 17, 1933 Death is said to have occurred on the date stated above, at 5 30 p.m.
The principal cause of death and related causes of importance were as follows: Date of onset
Suicide - used a Pistol
167
103B
Other contributory causes of importance: Internal Hemorrhage
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 7-17, 1933
Where did injury occur? Her Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury shot herself with Pistol
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. J. Russell, M. D.
(Address) Clearwater