

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

Do not use this space.

2303

FEB 27 1934

1. PLACE OF DEATH

County St. Clair
Township Butler
City (No. _____) _____ St. _____ Ward _____

Registration District No. 763
Primary Registration District No. 6005

File No. _____
Registered No. 1

2. FULL NAME Theodore Clint Ballard

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 4 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/1/34 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellen Goodrum Ballard

22. I HEREBY CERTIFY, That I attended deceased from here 24 (1933), to Jan 1 (1934). I last saw him alive on Jan 7 (1934). Death is said to have occurred on the date stated above, at 7:30 am.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28 1856

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

7. AGE YEARS 79 MONTHS 11 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

arteriosclerosis
Date of onset _____

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

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: 97

12. BIRTHPLACE (CITY OR TOWN) Ironton (STATE OR COUNTRY) Ohio

13. NAME John Ballard

14. BIRTHPLACE (CITY OR TOWN) Ironton Ohio (STATE OR COUNTRY)

15. MAIDEN NAME Not Given

16. BIRTHPLACE (CITY OR TOWN) Not Given (STATE OR COUNTRY)

17. INFORMANT Doc Ballard (ADDRESS) Wardola, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Landsker Cemetery DATE 1/21 1934

19. UNDERTAKER H. Clouston (ADDRESS) Louis City, Mo.

20. FILED 1/2 1934 Geo S. Wright 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? no 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) E. S. Strallen, M. D.
(Address) Louis City, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. FATHER'S OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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