

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

Do not use this space.

**FEB 24 1936**

4126

**1. PLACE OF DEATH**

County Saline  
Township Marshall  
City..... (No..... St..... Ward)

Registration District No. 796  
Primary Registration District No. 6039

File No.....  
Registered No. 14

**2. FULL NAME**

Charles Ballard

(a) Residence, No. RFD 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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) May 20, 1859

7. AGE YEARS 76 MONTHS 8 DAYS 4 IF LESS than 1 day, ..... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Garrett, Co. Ky

13. NAME Squire Woodson Ballard

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

15. MAIDEN NAME Mary Ellen Dickson

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

17. INFORMANT (ADDRESS) Mrs. Nannie Meschede Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Malta Bend, Mo DATE Jan 26, 1936

19. UNDERTAKER (ADDRESS) Short & M. Cray Marshall Mo

20. FILED Jan 25, 1936 Telephus Deputy Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24, 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 22, 1936 to Jan 24, 1936. I last saw him alive on Jan 22, 1936. Death is said to have occurred on the date stated above, at 9:25 P.M.

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

Chr Myocarditis  
Other contributory causes of importance:  
AF

Name of operation Chirial Date of no  
What test confirmed diagnosis? Chirial 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) W. H. Payne, M. D. (Address) Marshall Mo

All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

