CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH 97
County Saline
Township Cambridge
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 799
Primary Registration District No. 6037 B

File No. 17703
Registered No. 15

2. FULL NAME Thomas Edward 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

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

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Wilma May Ballew

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 21, 1904

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
33	0	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Marshall, Mo.

FATHER
13. NAME Albert Ballew
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow Mo.

MOTHER
15. MAIDEN NAME Mollie McCain
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Mrs. Ula Nichols Marshall, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lawrence Cem. DATE Apr. 27, 1937

19. UNDERTAKER (ADDRESS) Short & McCrary Marshall Mo

20. FILED April 26 1937 W. M. Little Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1937

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ held inquest ~~19 to~~ April 24, 1937
I last saw him alive on ~, 19 . Death is said to have occurred on the date stated above, at 7:00 p.m.
The principal cause of death and related causes of importance were as follows:

Automobile wreck, fracturing skull & face bones

Date of onset

Other contributory causes of importance:

~

Name of operation none Date of ~
What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, ~~suicide, or homicide~~? accident Date of injury 4-25, 1937
Where did injury occur? on H. way 5 mi. S. of Slater, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
on High way 240
Manner of injury ~
Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ~ Coroner Saline Co. Mo.
(Signed) B. C. Bradshaw, M. D.
(Address) Arrow Rock Mo.