

REC'D APR 4 1938

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

Do not use this space.

1. PLACE OF DEATH

25 County Clinton
Township
City Cameron (No. _____) St. _____ Ward _____

Registration District No. 204
Primary Registration District No. 3013

File No. 10499
Registered No. 14

2. FULL NAME

Ruel Delawia Ballinger 452
(a) Residence, No. 8th & Walnut St. 10th Ward.
(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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23, 1888
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 4 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Highway
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. maintainer
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) De Kalb Co. Missouri13. NAME Marcus M. Ballinger14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.15. MAIDEN NAME Anna F. Foster16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.17. INFORMANT Mrs. Emma Ballinger
(ADDRESS) Cameron Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Delaware Cem. DATE Mar. 7, 193819. UNDERTAKER W. C. Allen
(ADDRESS) Cameron Mo.20. FILED 2/6 1938 W. C. Allen
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 193822. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to March 4, 1938I last saw him alive on March 4, 1938 Death is saidto have occurred on the date stated above, at 1043 A

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

Coronary Occlusion Date of onset 2/14/38Other contributory causes of importance: 94 10

Name of operation _____ 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? _____ 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. C. Allen(Address) Cameron Mo.

MAILED PRESERVED FOR BINING

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.

V. S. NO. 2
50M-10-22-36

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