

REC'D SEP 8 1939

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

29590
Do not use this space.

1. PLACE OF DEATH
 (a) County Linn Registration District No. 494
 (b) Township Bronfield Primary Registration District No. 3025 Registered No. 84
 (c) City Bronfield (d) Street No. McLARNY HOSPITAL St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MRS. MARY BAILINGER
 (a) Residence, No. Callas Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Ballinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-9-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 63

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

9. Industry or business in which work was done, as 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) St. Louis Mo

FATHER 13. NAME John Feeler 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER 15. MAIDEN NAME Mary Wagner 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) John Ballinger Callas Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Macomb Mo DATE 8-16-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. G. Edwards Brewster Mo

20. FILED Sept 1 1939 Justus Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 14 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-13, 1939, to 8-14, 1939
 I last saw him alive on 8-14, 1939. Death is said to have occurred on the date stated above, at 5:10 a.m.
 The principal cause of death and related causes of importance were as follows:
Acute myocardial infarction 273
1 da
 Date of onset

Other contributory causes of importance:
Hypertension - Chronic
arteriosclerosis -
Coronary 274

Name of operation None Date of 0
 What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 0 Date of injury 0, 1939
 Where did injury occur? 0 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0
 Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify 0
 (Signed) Justus, M. D.
443 (Address) Bronfield, Mo.

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.

STATE OF MICHIGAN
DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS

RECEIVED

District Health Officer No. 11

District File No. 939-1105

Date Filed SEP 5 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

J. G. Edwards

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed J. G. Edwards

Licensed Embalmer No. 1961

P. O. Address Beverly, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

29590
Do not use this space.

1. PLACE OF DEATH
 (a) County Linn Registration District No. 496
 (b) Township Broadfield Primary Registration District No. 3023
 (c) City Broadfield (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Mrs Mary Ballinger
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-9-1876

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>63</u>	<u>2</u>	<u>5</u>	

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

Date of onset

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

Other contributory causes of importance:

13. NAME

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

Name of operation _____ Date of _____

15. MAIDEN NAME

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

23. If death was due to external causes (violence), fill in also the following:

17. INFORMANT (ADDRESS)

Accident, suicide, or homicide? _____ Date of injury _____, 19____

18. BURIAL, CREMATION, OR REMOVAL

Where did injury occur? _____ (Specify city or town, county, and State)

PLACE _____ DATE _____, 19____

Specify whether injury occurred in industry, in home, or in public place.

19. FUNERAL DIRECTOR (ADDRESS)

Manner of injury _____

Nature of injury _____

20. FILED Oct 1 39 J. M. Johnson Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. M. Johnson, M. D.

(Address) Broadfield Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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.

