Form V. S. No. 4

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

Size 8½ x 7⅛

STATE OF TENNESSEE
STATE DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF DEATH

4372

1. PLACE OF DEATH 0701

County Campbell 0701

Civil Dis. #1 or Village or City LaFollette

Registration District No. 72 File No. ....

Primary Registration District No. 40701 Reg. No. 22

(No. .... St.; .... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

If a War Veteran, fill out blank below.

Length of residence in city or town where death occurred ...... yrs. ...... mos. ...... ds.

2. FULL NAME James Sherman Ballard

.... (Give War and Military Organization)

(a) Residence: No. R# 2 LaFollette St., ... Ward. (Usual place of abode) .... (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): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs L. E. Ballard

6. DATE OF BIRTH (month, day, and year) Aug. 16, 1865

7. AGE: Years 73 Months 6 Days 14 If LESS than 1 day, ... hrs. or ...... min.

OCCUPATION

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. Farm

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (city or town) (State or country) Campbell Co. Tenn

How long in U. S. if of foreign birth? ...... yrs. ...... mos. ...... ds.

FATHER

13. NAME Silas Ballard

14. BIRTHPLACE (city or town) (State or country) Campbell Co-Tenn

MOTHER

15. MAIDEN NAME Mary Craig

16. BIRTHPLACE (city or town) (State or country) Campbell Co.

17. INFORMANT Mrs J. R. Troutman (Address) Knoxville, Tenn

18. BURIAL, CREMATION, OR REMOVAL 6 Mi From P.O. at Demory Tenn. Place Bakers Forge Mem Date March 4, 1939

19. UNDERTAKER Mata Funeral Home (Address) LaFollette Tenn.

20. FILED March 4, 1939 Alice C. Murray Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1939, to March 2, 1939

I last saw him alive on March 2, 1939, death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance in order of onset were as follows: | Date of onset

Carcinoma of Liver

46E

Contributory causes of importance not related to principal cause:

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? .... 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) [illegible] M. D.

(Address) LaFollette Tenn