

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.

PLACE OF DEATH

County Cass
 Township Aurora
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 147File No. 4551Primary Registration District No. 5210Registered No. 4FULL NAME Geo W Ball

If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE married
 MARRIED married
 WIDOWED married
 OR DIVORCED married
 (Write the word)

DATE OF BIRTH

July 21, 1960
 (Month) (Day) (Year)

AGE

57 yrs. 6 mos. 24 ds.

If LESS than
 1 day, ___ hrs.
 or ___ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Farmer

BIRTHPLACE

(City or town, State or foreign country) Kentucky

PARENTS

NAME OF FATHER

J. C. Ball

BIRTHPLACE OF FATHER

(City or town, State or foreign country) Virginia

MAIDEN NAME OF MOTHER

Julia Clay

BIRTHPLACE OF MOTHER

(City or town, State or foreign country) Kentucky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. S. Ball(ADDRESS) Sola, KanFiled 7/171963Dr. B. B. Zund

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Feb - 15, 1963
 (Month) 2 (Day); 4 (Year)

I HEREBY CERTIFY that I attended deceased from Aug - 15, 1962, to Feb 15, 1963, that last saw him alive on Feb 15, 1963, and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:

English disease

Contributory

(SECONDARY)

(Duration) 2 yrs. ___ mos. ___ ds.
 (Signed) F. B. Ellis M. D.
7/14, 1963 (Address) Garden City

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?

Former or usual residence.

PLACE OF BURIAL OR REMOVAL

Southville, Mo

DATE OF BURIAL

Feb 17, 1963

UNDERTAKER

W. H. Kauffman

ADDRESS

P. C. Mo

ited States Standard Certificate of Death

y U. S. Census and American Public Health
Association]

of occupation.—Precise statement of occ-
ry important, so that the relative health-
rious pursuits can be known. The ques-
o each and every person, irrespective of
ny occupations a single word or term on
will be sufficient, e. g., *Farmer* or *Planter*,
Impositor, *Architect*, *Locomotive engineer*,
r, *Stationary fireman*, etc. But in many
lly in industrial employments, it is neces-
(a) the kind of work and also (b) the
e business or industry, and therefore an-
e is provided for the latter statement; it
ed only when needed. As examples: (a)
Cotton mill; (a) *Salesman*, (b) *Grocery*;
t, (b) *Automobile factory*. The material
may form part of the second statement.
in "Laborer," "Foreman," "Manager,"
.. without more precise specification, as
Farm laborer, *Laborer—Coal mine*, etc.
ome, who are engaged in the duties of the
ily (not paid *Housekeepers* who receive a
y), may be entered as *Housewife*, *House-*
some, and children, not gainfully employed,
or *At home*. Care should be taken to re-
lly the occupations of persons engaged in
ice for wages, as *Servant*, *Cook*, *House-*
the occupation has been changed or given
t of the DISEASE CAUSING DEATH, state oc-
eginning of illness. If retired from busi-
ct may be indicated thus: *Farmer* (re-
l. For persons who have no occupation
ite *None*.

of cause of death.—Name, first, the
NG DEATH (the primary affection with re-
and causation), using always the same
for the same disease. Examples: *Cere-*
r (the only definite synonym is "Epidemic
meningitis"); *Diphtheria* (avoid use of
typhoid fever (never report "Typhoid
Lobar pneumonia; *Bronchopneumonia*
unqualified, is indefinite); *Tuberculosis*
inges, *peritonacum*, etc., *Carcinoma*, *Sar-*

coma, etc., of (name origin; "Cancer" is
less definite; avoid use of "Tumor" for malignant
neoplasms); *Measles*; *Whooping cough*; *Chronic valv-
lar heart disease*; *Chronic interstitial nephritis*, etc. The
contributory (secondary or intercurrent) affection need
not be stated unless important. Example: *Measles* (dis-
ease causing death), 29 ds.; *Bronchopneumonia* (sec-
ondary), 10 ds. Never report mere symptoms or ter-
minal conditions, such as "Asthenia," "Anaemia"
(merely symptomatic), "Atrophy," "Collapse," "Coma,"
"Convulsions," "Debility" ("Congenital," "Senile," etc.),
"Dropsy," "Exhaustion," "Heart failure," "Haemor-
rhage," "Inanition," "Marasmus," "Old age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease
can be ascertained as the cause. Always qualify all
diseases resulting from childbirth or miscarriage, as
"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc.
State cause for which surgical operation was under-
taken. For VIOLENT DEATHS state MEANS OF INJURY and
qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as
probably such, if impossible to determine definitely.
Examples: *Accidental drowning*; *Struck by railway
train—accident*; *Revolver wound of head—homicide*;
Poisoned by carbolic acid—probably suicide. The na-
ture of the injury, as fracture of skull, and conse-
quences (e. g., *sepsis*, *tetanus*) may be stated under the
head of "Contributory." (Recommendations on state-
ment of cause of death approved by Committee on
Nomenclature of the American Medical Association.)

