

PLACE OF DEATH

County CarterTownship Johnson

or

Village

or

City

(NO.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 145File No. 21854-aPrimary Registration District No. 5208Registered No. 22

St. Ward

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

FULL NAME

William Elisha Ball

PERSONAL AND STATISTICAL PARTICULARS

SEX

M

COLOR OR RACE

WSINGLE
MARRIED
WIDOWED
OR DIVORCED
(If file the word)Single

DATE OF BIRTH

Feb21919

(Month)

(Day)

(Year)

AGE

5mos.16ds.IF LESS than
1 day, hrs.
or min.?

OCCUPATION

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

none

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

BIRTHPLACE

(City or town, State or foreign country)

Grandin Mo

NAME OF FATHER

Earl Nathaniel BallBIRTHPLACE OF FATHER
(City or town, State or foreign country)Mo

MAIDEN NAME OF MOTHER

Julia Lee BrookeBIRTHPLACE OF MOTHER
(City or town, State or foreign country)Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

E. M. Ball

(ADDRESS)

Grandin Mo

Filed

Sept 30th 1919Alexander Johnson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

July181919

(Month)

(Day)

(Year)

I HEREBY CERTIFY, that I attended deceased from July 15, 1919, to Saturday July 19, 1919, that I last saw him alive on July 19, 1919, and that death occurred, on the date stated above, at 10:30 m.

The CAUSE OF DEATH was as follows:

Mastoid Abscess

Contributory

(Secondary)

(Duration)

yrs.

mos.

3 ds.

(Signed)

J. R. Watson

M. D.

July 24, 1919

(Address)

Grandin Mo

*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

Good Hope Cemetery

DATE OF BURIAL

July 20th 1919

UNDERTAKER

E. M. Ball Jr

ADDRESS

Grandin 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.

PLACE OF DEATH

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

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.

County.....

Township.....

or

Village.....

or

City.....

Registration District No.

Primary Registration District No.

File No.

Registered No.

(NO.)

St.

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

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
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DATE OF BIRTH

AGE 27 (Month) 1 (Day) 1 (Year)

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

OCCUPATION

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country)

NAME OF FATHER

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month) 191 (Day) 1 (Year)

I HEREBY CERTIFY, that I attended deceased from

that I last saw h..... alive on....., 191....., to....., 191.....,

and that death occurred, on the date stated above, at..... m.

The CAUSE OF DEATH* was as follows:

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

(Address)

*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

DATE OF BURIAL

UNDERTAKER

ADDRESS