

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

Do not use this space.

26939

1. PLACE OF DEATH

County Gentry
Township Boyle
City Albany (No. 311)

Registration District No. 311
Primary Registration District No. 3430

File No. 26939
Registered No. 26939
St. Albany Ward 4

2. FULL NAME

Letia Naive Ball

(a) Residence. No. 26939 St. Albany Ward 4
(Usual place of abode)

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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

single

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

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

Jan 26 - 1909

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

18

7

8

8. OCCUPATION OF DECEASED

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

House Keeping

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Gentry County Mo

10. NAME OF FATHER

Elmer Ball

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Gentry Co Mo

12. MAIDEN NAME OF MOTHER

Letitia Deen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Gentry Co Mo

14.

INFORMANT

(Address)

JR Shockley

Albany Mo

15.

FILED

Oct 19 27

C. H. Williamson

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Sept 3 1927

17.

I HEREBY CERTIFY, That I attended deceased from Sept 3 1927 to Sept 3 1927, that I last saw him alive on Sept 3 1927, and that death occurred, on the date stated above, at 5:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Strychnine Poisoning
with Pericardial Inflammation

163E
165
CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF 0

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. H. Williamson, M. D.

Sept 4 1927 (Address) Gentry Mo

*State the DISEASE CAUSING DEATH, or in deaths from violent CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

New Friendship Cemetery

Sept 14 1927

20. UNDERTAKER

ADDRESS

JR Shockley

Albany Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

