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

Do not use this space.
10082

1. PLACE OF DEATH
County Pettis Co — Registration District No. 668
Township — Primary Registration District No. 3032
City Sedalia (No. — St. — Ward) — File No. — Registered No. 91

2. FULL NAME Goldie Bell Ball

(a) Residence. No. 812 E 10th St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Wife of Frank Ball.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-11-1891

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
36	11	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House work.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Sedalia
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Thomas Rodgers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Monitteau Co.
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Malvina Morris
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Monitteau Co.
(STATE OR COUNTRY) Mo.

14. INFORMANT Frank Ball
(Address) 812-E-10th

15. FILED 3-27 1928 J.S. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch. 24 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1927 to Mch 24 1928
that I last saw h.er alive on Mch 24 1928, and that
death occurred, on the date stated above, at 7P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Secondary Anemia
(duration) 1 yrs. mos. ds.
CONTRIBUTORY Malignant Condition abdomen (carcinoma?)
(duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Place of Res't
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Frank B. Love, M.D.
3/25 1928 (Address) Sedalia, 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 Crown Hill. — DATE OF BURIAL 3-27 1928

20. UNDERTAKER McLaughlin Bro Fun Co — ADDRESS 515 S Ohio

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.