NOV 22 1928

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

Do not use this space.

34439

1. PLACE OF DEATH
County Pike — Registration District No. 689
Township Buffalo — Primary Registration District No. 3033
City Louisiana (No. Pike Co Hosp St. Ward) — File No. Registered No.

2. FULL NAME David A Ball
(a) Residence. No. 1013 Georgia St., 4 Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 59 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)
Male	White	married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Married - Cora Jones

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-2-1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	71	3	11	

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

9. BIRTHPLACE (CITY OR TOWN) Lincoln Co Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John C Ball
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Elizabeth N Dyer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

14. INFORMANT Clara J Ball
(Address) Montgomery City Mo

15. FILED 9/2 1928 J F Callaway Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-1 1928

17. I HEREBY CERTIFY, That I attended deceased from 9-1, 1928, to 10-1, 1928, that I last saw h[illegible] alive on Oct 1st, 1928, and that death occurred, on the date stated above, at 7 oclock P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Surgical Shock following Prostatectomy
(duration) yrs. 1 mos. ds.
CONTRIBUTORY (SECONDARY) Cardiac Hypertrophy
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED X
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 9-1-28
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J M Chrisman, M. D
9/2, 1928 (Address) Louisiana 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
Riverview Cemetery Louisiana Mo — Oct 3 1928

20. UNDERTAKER — ADDRESS
W P Linda Louisiana 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.