

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

Do not use this space.

24430

1. PLACE OF DEATH

County Holt
Township Benton
City (No.)

Registration District No. 372
Primary Registration District No. 5518

File No.
Registered No. 641
St. Ward

2. FULL NAME

Sarelda Ball

(a) Residence No. St. Ward
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James H Ball, Dec.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 5 9

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) Laguardia
(STATE OR COUNTRY) Ind.

10. NAME OF FATHER Geo Brower

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Mrs Geo. Berge
(Address) Wounded feet, Ind.

15. FILED Aug 27 1929 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 31 1929

17. I HEREBY CERTIFY That I attended deceased from July 1, 1929, to July 31, 1929 that I last saw her alive on July 30, 1929, and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage

82A (duration) yrs. mos. da. 30

CONTRIBUTORY (SECONDARY) 74001 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physician's report
(Signed) Dr. Henry, M. D.
(Address) Manassas City, Va.

*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 Baldwin Cemetery DATE OF BURIAL Aug 2 1929

20. UNDERTAKER H. Crawford ADDRESS Manassas City, Va.

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.

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