

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

Do not use this space.

36848

1. PLACE OF DEATH

County Cleary
Township Huggins
City _____ (No. _____)

Registration District No. 209
Primary Registration District No. 5428

File No. _____
Registered No. 56
St. _____ Ward _____

2. FULL NAME

John L. Ball
(a) Residence No. _____ St. _____ Ward _____
(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Jane Ball

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 24, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
75 6 16

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Marshalltown
(STATE OR COUNTRY) Iowa

10. NAME OF FATHER William Ball

11. BIRTHPLACE OF FATHER (CITY OR TOWN) IA
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Frances Liddle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) IA
(STATE OR COUNTRY)

14. INFORMANT Edna Ball
(Address) Country mo

15. Dec 12, 1929 W. F. Martin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov, 19, 1929

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 4:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

824 apoplexy

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? postmortem Exam
(Signed) S. D. Harding (Coroner)

Nov. 19, 1929 (Address) Elberry Gno.

*State the DISEASE CAUSING DEATH, or if 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

Old Brick Church Nov 22 1929

20. UNDERTAKER

PR Shockey Albany, Mo.

