

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

APR 28 1930

Hopedale
Medical art

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

Do not use this space.

8351

1. PLACE OF DEATH

County Greene Registration District No. 318
Township 2004 Primary Registration District No. 2004
City Springfield Mo (No. 722 & S Broadway) St. Ward)

2. FULL NAME

John T. Ball
(a) Residence No. 722 S Broadway St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Julia A Ball
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 3 1892
7. AGE YEARS 38 MONTHS 2 DAYS 1 If LESS than 1 day,hrs. ormin.

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

9. BIRTHPLACE (CITY OR TOWN) Linnola
(STATE OR COUNTRY) N Y

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Polly Mc Mullin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) N Y

14. INFORMANT Wilson Ball
(Address) 722 S Broadway

15. FILED 3-5-30 Gon Sharp
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 4 1930
17. I HEREBY CERTIFY That I attended deceased from Mar 7 1930 to March 4 1930
that I last saw him alive on March 2, 1930 and that death occurred, on the date stated above, at 4 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

arterio-sclerosis
Chronic myocarditis
(duration) 15 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90 B
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Examination
(Signed) Edwotog Moore, M.D.
3/5/1930 (Address) Medical Arts Bldg

*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 Hopedale DATE OF BURIAL 3/6 1930
ADDRESS

20. UNDERTAKER F. C. Pharms
Springfield

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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