

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

Do not use this space.

19211

**1. PLACE OF DEATH**

County Grundy  
Township Grilsont  
City Laredo (No. ....)

Registration District No. 125  
Primary Registration District No. 3435

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME** William S. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Jane Ball</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 23-1841</u>		
7. AGE	YEARS <u>88</u>	MONTHS <u>9</u>
	DAYS <u>21</u>	If LESS than 1 day, .... hrs. .... min.

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Lee, County  
(STATE OR COUNTRY) Virginia

10. NAME OF FATHER Thos. Ball  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lee Co.  
(STATE OR COUNTRY) Virginia  
12. MAIDEN NAME OF MOTHER Sally Chadwell  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia  
(STATE OR COUNTRY)

14. INFORMANT Mary J. Ball  
(Address) Laredo

15. FILED Jul 13 1930 E. J. Robertson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1930

17. I HEREBY CERTIFY, That I attended deceased from June 9, 1930, to June 13, 1930.  
that I last saw him alive on June 12, 1930 and that death occurred, on the date stated above, at 8 P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Arteriosclerosis

CONTRIBUTORY (SECONDARY) 97  
Don't know (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 913  
IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS Blood Pussum  
(Signed) W. H. Musgrave, M. D.  
, 19 (Address) Wheeling W. 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 Richardson DATE OF BURIAL 6/15-1930  
20. UNDERTAKER E. J. Robertson ADDRESS Laredo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION if very important.

