

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.

MAY 27 1931

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

Do not use this space.

11062

1. PLACE OF DEATH

County Chelms Registration District No. 676
 Township Arlington Primary Registration District No. 8899
 City Newburg (No.) St. Ward)

2. FULL NAME

Thomas Waigne Ball St. Ward.
 (a) Residence, No. (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 Anna Ball

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 10 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 3 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jamming
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newtown Co Tenn

13. NAME Do not know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) Evelyn Ball

18. BURIAL, CREMATION, OR REMOVAL PLACE Newburg Mo DATE Mar 5 1931

19. UNDERTAKER (ADDRESS) See Johnson Newburg Mo

20. FILED 712 19 31 B. B. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 3 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1931, to Mar 3, 1931
 I last saw him alive on Mar 3, 1931. Death is said to have occurred on the date stated above, at 12:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Traumatic Shock & Abdominal Hemorrhage
at 12 M
103 B
 Other contributory causes of importance:
 Name of operation no Date of
 What test confirmed diagnosis? Embalmed Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 3/3/31, 1931
 Where did injury occur? Newburg Phelps Co Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. at work

Manner of injury Run away train
 Nature of injury Internal Hemorrhage & Shock

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify deceased while at work
 (Signed) R. E. Brewer M. D.
 (Address) Newburg Mo

