

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

Do not use this space.

33387

1. PLACE OF DEATH

County Texas Registration District No. F65-
Township Cass Primary Registration District No. 6143
City Simmons (No. _____) St. _____ Ward _____

File No. 19
Registered No. _____

2. FULL NAME

Mary Allen Ball
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 2 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17 1930

7. AGE YEARS MONTHS Days If LESS than 1 day, _____ hrs. or _____ min.
1 2 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Simmons, mo

MOTHER FATHER 13. NAME Clifford Ball

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

15. MAIDEN NAME Adda Coover

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT Clifford Ball (ADDRESS) Simmons

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Dale DATE Sept 24 1931

19. UNDERTAKER Gaylord Vellott (ADDRESS) _____

20. FILED Oct 10 1931 J. P. Hubbard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1931, to Sept 20 1931

I last saw her alive on Sept 18 1931. Death is said to have occurred on the date stated above, at 6:45 pm.

The principal cause of death and related causes of importance were as follows:

meninges following colitis
July 11, 1931
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) L. M. Edens, M. D.
(Address) Carroll mo.

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.

NOV 28 1931

