

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

Do not use this space.

37283

1. PLACE OF DEATH

County Dent
Township Meramec
City (No.)

Registration District No. 266
Primary Registration District No. 3-347

File No.
Registered No. 66
St. Ward

2. FULL NAME Daniel Benjamin 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 <u>City Spiva</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 8 1847</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>--</u>	DAYS <u>27</u>
If LESS than 1 day, ... hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
	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) Ashville
(STATE OR COUNTRY) North Carolina

FATHER 13. NAME Gehozia R Ball
14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Buckner
16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

17. INFORMANT M Ball
(ADDRESS) Salem Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stone Hill Cem. DATE Nov 8 1931

19. UNDERTAKER Carl K Spencer
(ADDRESS) Salem Mo

20. FILED Nov 7 1931 X. C. Ruold, Jr. Mo
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 5 1931, to Nov 5 1931
I last saw him alive on Nov 5 1931 Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

Accidental Burn
141
162
Other contributory causes of importance: General Debility

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) also the following:
Accident, suicide, or homicide? Accident Date of injury Nov 5 1931
Where did injury occur? at his old print co. Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Burn
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) W. E. Ruold M. D.
(Address) Salem, Mo.

Any item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 21 1931

N.B.—Every item of information should be carefully applied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. COPIES SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Dent
Township Meramec
City St. Louis (No. 266)

Registration District No. 266
Primary Registration District No. 5347

File No. 66
Registered No. 66
St. 1 Ward

2. FULL NAME

Daniel Benjamin Ball

(a) Residence, No. 266 St. 1 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>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	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)

FATHER	13. NAME
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
MOTHER	15. MAIDEN NAME
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 1/7 19 3/27 E. Rudolph, Jr.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5, 1931

22. I HEREBY CERTIFY, That I attended deceased from

, to, 19

I last saw him alive on, 19. Death is said

to have occurred on the date stated above, at, m.

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

Date of onset

Accidental burn
Fall in fireplace
ashes did not burn

Other contributory causes of importance;

general debility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify.

(Signed) , M. D.

(Address)

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