

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

Do not use this space.

41644

1. PLACE OF DEATH

County Montgomery
Township Beeflower
City Beeflower (No.)

Registration District No. 596
Primary Registration District No. 5787B

File No.
Registered No.
St. Ward

2. FULL NAME

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 12th 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 9 6

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) Lincoln Co. Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER John E. Ball

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Dyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT Hugh W. Welch
(Address) Beeflower Mo.

15. FILED 12/19, 1931 Dr. J. River
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 18th 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr 7, 1931 to Dec 18, 1931
that I last saw him alive on Oct 9, 1931, and that death occurred, on the date stated above, at 2:30 15 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prostatic Carcinoma

51C 57C (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

* IF NOT AT PLACE OF DEATH about 4th 1931

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF 4th 1931

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) D. W. Giesley M. D.

12/19, 1931 (Address) Montgomery City Mo

*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

Provident Cemetery 12/20 1931

20. UNDERTAKER T. W. River ADDRESS Beeflower 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.

