

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.

AUG 25 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

23654

1. PLACE OF DEATH
 County Pettis Registration District No. 668
 Township _____ Primary Registration District No. 3032
 City Sedalia (No. _____ St. _____ Ward _____)
 2. FULL NAME Miss Mary T. Ball
 (a) Residence, No. 608 W. Pettis 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>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 14, 1882</u>		
7. AGE <u>50</u>	YEARS <u>5</u>	MONTHS <u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>244</u>
10. Date deceased last worked at this occupation (month and year) <u>June 18</u>		11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln Co.</u>		
13. NAME <u>Rev. Geo. W. Ball</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Charles Co.</u>		
15. MAIDEN NAME <u>Miss Susie Lanier</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln Co.</u>		
17. INFORMANT <u>Miss E. Edmondson</u> (ADDRESS) <u>608 W. Pettis</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sedalia</u> DATE <u>July 13, 1932</u>		
19. UNDERTAKER <u>Wm. Alexander</u> (ADDRESS) <u>Sedalia</u>		
20. FILED <u>7-12, 1932</u> <u>J. P. Love</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/10, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4:27, 1932 to 7/10, 1932.
 I last saw her alive on 7/10, 1932. Death is said to have occurred on the date stated above, at 8:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Myocardial Infarction
730 9310
 Other contributory causes of importance: _____

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? no 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) W. E. Denny, M. D.
 (Address) Peacocks Gap

