

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

Do not use this space.

24780

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **10031**
City St. Louis (No. 4559, McPherson)

File No.....
Registered No. **6927**
St. Ward)

2. FULL NAME

Samuel B. Ball
(a) Residence, No. 4559 McPherson St. 17 Ward.

(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 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 Lulu Blair Ball
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21-1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 72 10 5
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Life Insurance
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) Portsmouth Virginia

13. NAME Own D. Ball

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs Lulu B. Ball 4559 McPherson av

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory July 28, 1932

19. UNDERTAKER (ADDRESS) C. R. Dupton & Sons 4449

20. FILED JUL 26 1932

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1929, to July 26, 1932
I last saw him alive on July 26, 1932 Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

Pericarditis Aneurism
131
71A 131 1
Date of onset June 1929
Other contributory causes of importance: Chronic Nephritis Aug 1/1931

Name of operation..... Date of.....
What test confirmed diagnosis? Path 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?.....
If so, specify.....

(Signed) W.P.S. Limer M. D.
(Address) 601 University Club Bldg.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Registrar

