

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

Do not use this space.

24881

1. PLACE OF DEATH

County.....

Registration District No. **791**

1003

Township.....

Primary Registration District No.

City **St. Louis**

(No. **Barnes Hospital**)

File No.

Registered No. **7052**

St.

Ward)

2. FULL NAME

(a) Residence, No. **Campbell Ball**

(Usual place of abode) **4727 Haver**

St. **1**

Ward. **City**

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

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 **Mary Ball**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 9-1895**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

37

5

19

OCCUPATION

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

Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

no b

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) **Mo**

13. NAME

Claude R. Ball

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

15. MAIDEN NAME **Mary Pickens**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

17. INFORMANT **Anna Ball**

(ADDRESS) **Montgomery City Mo**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Montgomery City Mo** DATE **7-30**

19. UNDERTAKER **Hopkins and**

(ADDRESS) **Montgomery City Mo**

20. FILED **JUL 29 1932** 19 **Mo**

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 28, 1932**

22. I HEREBY CERTIFY That I attended deceased from **July 13th, 1932, to July 28th, 1932**

I last saw him alive on **July 28th, 1932**. Death is said to have occurred on the date stated above, at **3 p.m.**

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

Osteomyelitis of maxilla, ethmoid, & frontal sinuses.

Date of onset

154

154

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? **Bopsy** 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) **Walter Hopkins**

BARNES HOSPITAL, M. D.

(Address)

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.

