

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

Do not use this space.

25797

1. PLACE OF DEATH
 30 County Dallas Registration District No. 247
 Township Wilson Primary Registration District No. 5343
 City Long Lane (No. _____) St. _____ Ward _____

2. FULL NAME William H. Ball
 (a) Residence, No. _____ St. _____ 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.

File No. _____
 Registered No. 8
 St. _____ Ward _____

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 Anna Ball

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>71</u>	<u>5</u>	<u>20</u>	

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) (STATE OR COUNTRY) Mo. 1

FATHER 13. NAME William Ball

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 2

MOTHER 15. MAIDEN NAME Catherine Miller

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

17. INFORMANT Mrs. John Willard
 (ADDRESS) Buffalo mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty DATE 8-13 1932

19. UNDERTAKER S. B. Jones
 (ADDRESS) Buffalo mo

20. FILED Sept 10 1932 Registrar. J. H. Ballor

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-10 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1 1930 to Aug. 12 1932
 I last saw him alive on Aug. 9 1932 Death is said to have occurred on the date stated above, at 4:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis
921
91
Valvular Heart Disease
 Name of operation none Date of _____
 What test confirmed diagnosis? usual 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? no
 If so, specify _____
 (Signed) H. H. Blumner, M. D.
 (Address) Buffalo 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.

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

SEP 22 1932

