

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

Do not use this space.

34814

1. PLACE OF DEATH

County Duchman Registration District No. 85
Township St Joseph Primary Registration District No. 1001
City St Joseph (No. 2603) St. W Ward

File No. _____
Registered No. 1179
St. _____ Ward

2. FULL NAME

Nina Belle Ball

(a) Residence, No. 2603 No 7th St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 28-1900

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
33 6 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Candy Factory
10. Date deceased last worked at this occupation (month and year) May 25 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon Thurston

13. NAME J S Ball

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mass

15. MAIDEN NAME Brenda Robbins

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

17. INFORMANT (ADDRESS) Myrtle Ball 2603 No 7th

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Mora DATE Nov 12 1932

19. UNDERTAKER (ADDRESS) Blumeyer, Clarence 21800 16th

20. FILED 11-12-32 19 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 12 1932 to Nov 10 1932
I last saw him alive on Nov 9 1932 Death is said to have occurred on the date stated above, at 7:30am.

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

Carcinoma of Sigmoid Date of onset 460
460 460 460
Other contributory causes of importance: 0 460

Name of operation None Date of _____
What test confirmed diagnosis? _____ 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? No
If so, specify _____

(Signed) Dr. John Spencer M. D.
(Address) 1418 1/2 16th St St Joseph Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
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.

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