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

Do not use this space.

1. PLACE OF DEATH  2. County C	CERTIFICATE OF DEATH			
## Cocasts Control of Primary Registration District No.   File No.   Registrated No.   Glass Control of No.   St.   Ward.   Wa		•	29396	
Township Primary Registration District No. St. Ward)  2. FULL NAME CLASS (I) (No. St. Ward)  2. FULL NAME CLASS (I) (I) Reddence, Registered No. St. Ward)  2. FULL NAME CLASS (I) (I) Reddence, Registered No. St. Ward)  (I) Reddence, Registered No		11	11/2	
2. FULL NAME. Lettha fam. Ball  (a) Residence, No.  (b) Usual place of abode)  Length of residence in city or town and State)  Length of residence in city or town and State)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINCLE MARRIED, WIDOWED, OR DIVORCED (write the world)  5.1. DATE OF DEATH (MONTH, DAY, AND YEAR)  6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  7. AGE  8. MONTHS  9. Including or main  8. How long in U. S., if of foreign birth?  7. AGE  7. AGE  7. AGE  7. AGE  7. AGE  7. AGE  8. MONTHS  9. Including or main  8. How long in U. S., if of foreign birth?  9. Including in U. S., if of foreign birth?  9. Including in U. S., if of foreign birth?  9. Including in U. S., if of foreign birth?  9. Including in U. S., if of foreign birth?  10. A Control (MONTH)  10. DATE OF COLOR IN	4	2 County Registration Distric	t No.	
2. FULL NAME  (a) Renthence in (a) Control of Abody  Length of residence in city or town where death occurred yes most da. How long in U. S., if of foreign birth?  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINCLE, MARRIED, MIDOWED, OR DIVORCED (write the word)  15. If MARRIED, WIDOWED, OR DIVORCED (write the word)  54. If MARRIED, WIDOWED, OR DIVORCED (write the word)  55. If MARRIED, WIDOWED, OR DIVORCED (write the word)  56. DATE OF BIRTH (MONTH, DAY, AND YEAR)  7. AGE	′	Township Primary Registration	n District No. Registered No.	
(a) Residence No. (Closed piece of abodo) Length of residence in eithy 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		2 City Window MO. (No.	StWard)	
(a) Residence No. (Closed piece of abodo) Length of residence in eithy 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		- Ball		
Committee   Comm		//		
Length of residence in city or fown where death occurred   yes   mos.   ds.   How long in U. S., if of foreign birth?   yes   mos.   ds.				
3. SEX  4. COLOR OR RACE  DivorceD (write the word)  SA. IF MARRIED, WIDOWED. OR DIVORCED  (OR) WIFE OF GRANGE  6. DATE OF BERTH (MONTH, DAY, AND YEAR)  ACE  YEARS  MONTHS  DAY  If LESS than I to principal cause of death, and related acuses of importance were as follows:  Burlatty or business in which were with several this occupation (month and year)  S. IF MARRIED, WIDOWED. OR DIVORCED  10. Date Of Death (MONTH, DAY, AND YEAR)  MONTHS  DAY  If LESS than I to have occurred on the date stated above, at  Burlatty or business in which were well as spinner, savyer, bookkeeper, etc.  9. Industry or business in which were well as the spent in this occupation (month and year)  SA. IF MARRIED, WIDOWED. OR DIVORCED  12. BIRTHPLACE (CITY OR TOWN)  STATE OR COUNTRY)  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  15. BIRTHPLACE (CITY OR TOWN)  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT  ACE  MADE SA. IF MARRIED, WIDOWED. OR DOWN  NAME Of operation.  Date of injury  Name of operation.  Name of operation.  What test confirmand diagnosis?  ACE death, suicide, or homicide?  Date of injury  Nature of injury  Address M.	Tanget of cold and for the colour standards come and the standards are the standards and the standards are the standards			
Divorced (errite the world)  3A. IF MARRIED, WIDOWED, OR DIVORCED  (OR) WIFE OF   AREA BELL WITOWAY  (OR) WIFE OF   AREA BELL WITOWAY  (OR) WIFE OF   AREA BELL WORLD, DAY, AND VEAR)  (OR) WIFE OF   AREA BELL WITOWAY  (OR) WIFE OF   AREA BELL WORLD, DAY, AND VEAR)  (OR) WIFE OF   AREA BELL WORLD, DAY, AND VEAR)  (OR) WIFE OF   (O		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
22. I HEREBY CERTIFY. That I attended deceased from MARRIED, WIDOWED, OR DIVORCED (OR) WIFE or GORD WIFE OR G	3.		NA PARTE OF PRINCIPLE AND ADDRESS OF THE PARTE OF THE PAR	
SA. IF HISTORIAN DOVED. OR DIVORCED  HISTORY OF GRAND  19.21  11 at at aw h 1 alive on. 19.21  10 Auto of BIRTH (MONTH, DAY, AND YEAR)  10 Auto of BIRTH (MONTH, DAY, AND YEAR)  11 At ESS than 1  12 A b b to have occurred on the date stated above, at 1.  13 Auto of Work done, as splaner, survey, bookseeper, etc.  14 Auto of work done, as splaner, survey, bookseeper, etc.  15 Industry or business in which alike occupation is made occupation.  10 Date deceased last worked at the work done, as splaner, survey, bookseeper, etc.  11 In Total time (years)  12 BIRTHPLACE (CITY OR TOWN)  13 NAME  14 BIRTHPLACE (CITY OR TOWN)  15 IN MAIDEN NAME  15 IN MAIDEN NAME  16 BIRTHPLACE (CITY OR TOWN)  17 INFORMANT  18 BIRTHPLACE (CITY OR TOWN)  18 BIRTHPLACE (CITY OR TOWN)  19 JUDGETTAKER  10 DATE OR OWNTRY)  11 IN MAIDEN NAME  12 Auto occupation  13 Maiden NAME  14 BIRTHPLACE (CITY OR TOWN)  15 BIRTHPLACE (CITY OR TOWN)  16 BIRTHPLACE (CITY OR TOWN)  17 INFORMANT  18 DATE OR OWNTRY)  18 BURIAL CREMATION, OR REMOVE  PLACE  19 JUDGETTAKER  A DATE OR OWNTRY  18 JUDGETTAKER  A DATE OR OWNTRY  A Was disease or injury in any way related to occupation of deceased!  18 JUDGETTAKER  A WAS disease or injury in any way related to occupation of deceased!  18 JUDGETTAKER  A WAS disease or injury in any way related to occupation of deceased!  18 JUDGETTAKER  A WAS disease or injury in any way related to occupation of deceased!  19 JUDGETTAKER  A WAS disease or injury in any way related to occupation of deceased!  19 JUDGETTAKER  A WAS disease or injury in any way related to occupation of deceased!  A WAS disease or injury in any way related to occupation of deceased!  A CADR	_	Divorced (torite the word)		
HUSBAND OF GON WHE OF James Ball 184 saw 194 alive on 194 to 194 Death is said  6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1 19 to be to have occurred on the date stated above, at 2 10 more and to have occurred on the date stated above, at 2 10 more and to have occurred on the date stated above, at 2 10 more and 1	- —		22. I HEREBY CERTIFY, That I attended deceased from	
6. DATE OF BIRTH (MONTH, DAY, AND VEAR)  7. AGE  YEARS  MONTHS  DAYS  If LESS than 1  day, hrs. or min.  8. Trade, profession, or particular sawyer, bookkeeper, etc.  9. Industry or business in while work was done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in while work was done, as slik mill, as wrill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  STATE OR COUNTRY)  12. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  13. MAIDEN NAME  14. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  17. INFORMANT  (ADDRESS)  18. BURIAL CREMATION, OR REMOVEL  PLACE  Manner of injury  Nature of injury  N	34	HUSBAND OF	Alle 19,32 to Duc 22 ,19,32	
7. AGE YEARS MONTHS DAYS II LESS than 1 day, hrs. Date of cases of feath, and related causes of importance were as follows:  9. AGE YEARS MONTHS DAYS II LESS than 1 day, hrs. Date of cases of		(OR) WIFE OF - James Ball 1-		
8. Trade, profession, or particular kind of work done, as spianer, sawyer, bookkeeper, etc.  9. Industry or business in which was work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (CITY OR TOWN)  13. NAME  14. BIRTHPLACE (CITY OR TOWN)  15. MAIDEN NAME  16. BIRTHPLACE (CITY OR TOWN)  17. INFORMANT  (ADDRES)  18. BURIAL CREMATION, OR REMOVEL  PLACE  19. UNDERTAKER  (ADDRES)  19. UNDERTAKER  (ADDRES)  20. FILED  10. Date of injury in any way related to occupation of deceased?  11. Total time (years)  spent in this occupation  Other contributory causes of importance:  What test confirmed diagnosis?  Specily whether injury occurred in industry, in home, or in public place.  17. INFORMANT  (ADDRES)  Manner of injury  Nature of injury in any way related to occupation of deceased?  11. Specily way related to occupation of deceased?  12. Was disease or injury in any way related to occupation of deceased?  13. Specily was due to external causes (violence), fill in also the following:  Accident, suicide, or homicide?  Specily whether injury occurred in industry, in home, or in public place.  15. INFORMANT  (ADDRES)  Manner of injury  Nature of injury  Nature of injury  Nature of injury  (Signed)  (Address)  M. D. (Address)			to have occurred on the date stated above, at	
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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?	(STATE OR COUNTRY)			
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?	E	13. NAME (1), 00, 11, 12, 12, 12, 12, 12, 12, 12, 13, 14, 15, 15, 15, 15, 15, 15, 15, 15, 15, 15		
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18. BURIAL, CREMATION, OR REMOVAL  PLACE Windows Mo DATE 2 3 4 1932  19. UNDERTAKER  (ADDRESS)  (Signed)  (Address)  (Address)  (Address)  (Address)				
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