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

Do not use this space.

39916

1. PLACE OF DEATH

County: Jackson — Registration District No. 39

Township: Kaw — Primary Registration District No. 1002

City: Kansas City (No. Research Hospital, St., Ward)

File No.

Registered No. 4924

2. FULL NAME Nora E Ball

(a) Residence. No. 4424 Askew St., 16 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

5A. If Married, ~~Widowed or Divorced~~ ~~HUSBAND OF~~ (OR) WIFE OF Raymond Ball

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 28, 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	10	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Thomas P Gardner

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Dora Kyle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Tenn.

14. INFORMANT Raymond D Ball
(Address) 4424 Askew

15. FILED 12/23, 1932 M. M. Browne
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 21 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1932, to Dec 21, 1932 that I last saw h. alive on Dec 21, 1932, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia (left)
12 HR
107A 102 HR
(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Alcoholism cirrhosis of liver
(duration) yrs. ? mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
(Signed) D. E. Emmons, M. D
, 19 (Address) 4800 E 24th St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest Hill — DATE OF BURIAL: Dec 24 1932

20. UNDERTAKER: F. A. Walton — ADDRESS: 819 E 31st

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.

THIS CERTIFICATE, WHEN COMPLETE, WILL BE A PERMANENT RECORD

D. D. [illegible]
1850 E. 24th