

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

Do not use this space.

67

**1. PLACE OF DEATH**

County Alchison Registration District No. 19  
Township Clear Primary Registration District No. 4013  
City Rock Port, Mo. (No. ....) St. .... Ward)

File No. ....  
Registered No. ....

**2. FULL NAME**

Patsy Florence 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.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 16 - 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
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8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Infant  
(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) Rock Port Mo.

10. NAME OF FATHER Wahfuld Ball

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Jarvis, Mo.

12. MAIDEN NAME OF MOTHER Volit Tracy Starnes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Rock Port Mo.

14. INFORMANT Mr. Dep. Starnes (Address) Rock Port Mo.

15. FILED 1-29, 1933 Mary G. Chamberlain REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29 19 33

17. I HEREBY CERTIFY, That I attended deceased from Jan 25 1933, to Jan 29 1933, that I last saw her alive on Jan 29 1933, and that death occurred, on the date stated above, at ..... m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

influenza  
11/10 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) bronchopneumonia (duration) yrs. mos. 2 ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? no  
(Signed) Chas. T. Settle, M. D.

(Address) Jan 28, 1933 Rock Port, Mo.

\*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 DATE OF BURIAL  
Bunkhill cemetery Jan 29 1933

20. UNDERTAKER ADDRESS  
C. E. Beaman Rock Port, 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.

