

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.

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

Do not use this space.

6849

1. PLACE OF DEATH
84 County Polt Registration District No. 707
Township East Honey Primary Registration District No. 4-936
City Brighton No. _____ St. _____ Ward) _____
2. FULL NAME Andrew Jackson 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Sarah Presley Ball
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16 1839
7. AGE YEARS 93 MONTHS 9 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION 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. Retired
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Jerman (STATE OR COUNTRY)

FATHER 13. NAME John Ball
14. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)

17. INFORMANT J. P. Ball (ADDRESS) Brighton Mo.

18. BURIAL, CREMATION, OR REMOVAL Placed in grave PLACE Brighton Mo. DATE Feb 24 1933

19. UNDERTAKER Walter B. Brown (ADDRESS) Brighton Mo.

20. FILED Feb 23 1933 Mrs Hattie M. Taylor Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1933
22. HEREBY CERTIFY, That I attended deceased from Feb 21, 1933, to Feb 22, 1933.
I last saw him alive on Feb 22, 1933. Death is said to have occurred on the date stated above, at 8:45 P.M.
The principal cause of death and related causes of importance were as follows:

Valvular lesions of the heart
92A 92A
Other contributory causes of importance: _____
Date of onset: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) M. H. Nicholas, M. D.
(Address) Brighton Mo.

