

31 1933  
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.

1. PLACE OF DEATH  
92 County St. Charles Registration District No. 760  
Township Cume Primary Registration District No. 5999  
City St. Charles (No. 1 St. 1 Ward 1)  
2. FULL NAME Hubert Ball  
(a) Residence, No. 07allen mo 12 St. 12 Ward 1  
(Usual place of abode)  
Length of residence in city or town where death occurred ✓ yrs. 8 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.  
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF Mrs. Audia Ball  
(OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14-1904  
7. AGE YEARS 28 MONTHS 10 DAYS 13 If LESS than 1 day ✓ hrs. 1 min.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General  
10. Date deceased last worked at this occupation (month and year) Missouri  
11. Total time (years) spent in this occupation 13

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

MOTHER FATHER  
13. NAME Claude Bull

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

15. MAIDEN NAME Hayden

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

17. INFORMANT Mrs. John Owens  
(ADDRESS) 07allen mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE 07allen mo DATE 3/1 1933

19. UNDERTAKER E. Keithly  
(ADDRESS) 07allen mo

20. FILED 3/8 1933 W. C. Caldwell  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1932 to Feb 27 1933  
I last saw him alive on Feb. 27 1933 Death is said to have occurred on the date stated above, at 12:08 am.

The principal cause of death and related causes of importance were as follows:  
Acute Pneumonic Phthisis Date of onset 7-1-32

Other contributory causes of importance:  
73A 113

Name of operation NO Date of NO  
What test confirmed diagnosis? clinical findings 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 ✓ 1933  
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 James W. Smith M. D.  
(Signed) 3336 E. Franklin Ave  
(Address)

