

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

Do not use this space.

23847

1. PLACE OF DEATH

County MONROE
Township UNION
City..... (No..... Ward)

Registration District No. 580
Primary Registration District No. 5777

File No.
Registered No. 10 St. Ward)

2. FULL NAME

MILDRED BALL

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ROBT. BALL
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 10, 1852
7. AGE YEARS 80 MONTHS 8 DAYS 2 If LESS than 1 day, hrs. or min.

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

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

13. NAME BENJ. G. WYNN

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

15. MAIDEN NAME NANCY JONES

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

17. INFORMANT ELIAS C. BALL (ADDRESS) MADISON, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT LION DATE JUL 13 1933, 19..

19. UNDERTAKER SPEED & BLAKEY (ADDRESS) PARIS, MO.

20. FILED JUL 12 1933, 19.. E. C. Brewster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) |||| 12 1933, 19..
22. I HEREBY CERTIFY That I attended deceased from July 11, 1933 to July 12, 1933
last saw her alive on July 12, 1933 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
Other contributory causes of importance: 91

Name of operation..... Date of.....
What test confirmed diagnosis Clinical 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....., 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? No.
If so, specify.....
(Signed) M. C. McMurphy, M. D.
(Address) PARIS, MO.

Date of onset
507
6:45
8:30

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AGE 26 1933

2
2
2

19

