

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.

29493

1. PLACE OF DEATH

46 County Howell
Township Myatt

Registration District No. 389Primary Registration District No. 5543

City

(No. _____)

St. _____

Ward _____

2. FULL NAME George Washington 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 51 yrs. 8 mos.

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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (or WIFE OF)

Anna Baughman6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1859

7. AGE 74 YEARS MONTHS 7 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

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.

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (CITY OR TOWN) Brown County
(STATE OR COUNTRY) Ohio

13. NAME James Ball

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Anna Ball
(ADDRESS) Brandsville, Mo. (Rural)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union Hill DATE Sept. 14, 1933

19. UNDERTAKER Hal Thornburgh
(ADDRESS) West Plains, Mo.

20. FILED 9/19 1933 H. A. Thompson
Registrar

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-17- 1930, to 9-13- 1933

I last saw him alive on June, 1933. Death is said to have occurred on the date stated above, at 9: a m.

The principal cause of death and related causes of importance were as follows:

Diabetes
General Atherosclerosis
Chronic Spontaneous Myocarditis
Chronic interstitial nephritis

Other contributory causes of importance

Name of operation _____ Date of _____

What test confirmed diagnosis? Exam 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? _____

If so, specify _____

(Signed) E. Claude Bohrer, M. D.(Address) West Plains, Mo.

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