

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.

MAR 24 1934

1. PLACE OF DEATH

County Barry
Township Monett
City Monett (No. 3003)

Registration District No. 30
Primary Registration District No. 3003

File No. 3836
Registered No. 11
St. Ward

2. FULL NAME

Mrs. Matthes McCoy Ball
(a) Residence, No. 713-5th 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27, 1861

7. AGE YEARS 73 MONTHS 0 DAYS 21 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) Bobwar (STATE OR COUNTRY) Missouri

13. NAME P. N. McCoy

14. BIRTHPLACE (CITY OR TOWN) near Paducah, Mo (STATE OR COUNTRY)

15. MAIDEN NAME Hester Rodgers

16. BIRTHPLACE (CITY OR TOWN) Clinton Co. Tenn (STATE OR COUNTRY)

17. INFORMANT Mrs. L. J. Miller (ADDRESS) Monett Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakdale DATE 2/15/34

19. UNDERTAKER Callaway's (ADDRESS) Monett

20. FILED 2-15- 1934 W. M. West. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1930, to Feb 13, 1934

I last saw him alive on Feb 13, 1934 Death is said to have occurred on the date stated above, at 11 P m.

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

Eubolism Date of onset

Other contributory causes of importance

Curvature of spine
Emphysema of lungs

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? h

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) J. H. Russell, M. D.

(Address) Monett Mo

