

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

County BollingerRegistration District No. 66Township LorrainePrimary Registration District No. 1038City Lutesville,

(No.)

St.

Ward)

2. FULL NAME Mr. & Fannie Elisebeth 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

Female

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

Joseph H Ball6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28 1866.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

6813

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House Keeper

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) Arlington Ky.
(STATE OR COUNTRY)

FATHER

13. NAME

F M Vaughn

14. BIRTHPLACE (CITY OR TOWN)

Tenn.

(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

Elisebeth Berry

16. BIRTHPLACE (CITY OR TOWN)

Ky.

(STATE OR COUNTRY)

17. INFORMANT Joseph H Ball

(ADDRESS)

Lutesville,

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Baker CemeteryDATE 2 Aug, 1934

19. UNDERTAKER

(ADDRESS)

J. J. Baker
Lutesville, Mo.

20. FILED

9/1 1934
J. J. Baker
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 31, 1934

22. I HEREBY CERTIFY That I attended deceased from

July 30, 1934 to July 31, 1934I last saw him alive on July 30, 1934 Death is saidto have occurred on the date stated above, at 2 a. m.

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

Result of a stroke about 10:00 a. m. on July 30, 1934, and congestion of lungs

Other contributory causes of importance:

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) J. J. Baker

M. D.

(Address) Lutesville, Mo.

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