

NOV 15 1934

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

Do not use this space.

36519

1. PLACE OF DEATH

County Lafayette
Township Washington
City Washington (No.)Registration District No. 464
Primary Registration District No. 5626File No. 16
Registered No. 90
St. Ward

2. FULL NAME

Buelah Ball(a) Residence, No. St. Ward
(Usual place of abode)Length of residence in city or town where death occurred yrs. 8 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Charley Ball</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 28-1912</u>				
7. AGE	YEARS <u>22</u>	MONTHS <u>4</u>	DAYS <u>20</u>	IF LESS than 1 day, ...hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>			
	10. Date deceased last worked at this occupation (month and year) <u>9 mos.</u>			
				11. Total time (years) spent in this occupation <u>6 yrs.</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adessa mo. Lafayette co.</u>				
FATHER	13. NAME <u>Emmett Barker</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adessa mo. Lafayette co.</u>			
MOTHER	15. MAIDEN NAME <u>Iola May Ring</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adessa mo. Lafayette co.</u>			
17. INFORMANT <u>Imma B. Barker</u> (ADDRESS) <u>Washington mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Barker Cem.</u> DATE <u>10-19</u> 34				
19. UNDERTAKER <u>Blincow Bros</u> (ADDRESS) <u>Adessa mo.</u>				
20. FILED <u>Nov. 9,</u> 1934 <u>Mrs. E. M. Goodwin</u> Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18 1934

22. I HEREBY CERTIFY That I attended deceased from Nov 10 1934 to Oct 14 1934

I last saw her alive on Oct 14 1934 Death is said to have occurred on the date stated above, at 10A m.

The principal cause of death and related causes of importance were as follows:
Dysentery of
the Intestine
50

Other contributory causes of importance

Name of operation Cytoplastomy Date of Mar 24 34
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?
If so, specify
(Signed) E. J. Schooley M. D.
(Address) Adessa mo.

