

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.

DEC 18 1934

39961

259

1. PLACE OF DEATH

County Lincoln
Township Monroe
City Lincoln (No. 111103)

Registration District No. 491

Primary Registration District No. 111103

File No. 259

Registered No. 259

St. Mo. Ward 1

2. FULL NAME

Mary Ball

(a) Residence. No. 1 St. Mo. Ward 1
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mes. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Black

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March-9, 1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

77

8

12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

None

9. BIRTHPLACE (CITY OR TOWN) Lincoln Co Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Knuck Robinson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Out know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Out know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Out know
(STATE OR COUNTRY)

14.

INFORMANT Edgar Ball
(Address) old number 240

15.

FILED 11-22-34 P. H. Hunkler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 21st 1934

17. I HEREBY CERTIFY, That I attended deceased from Oct 15th 1934, to Nov 21st 1934.
that I last saw him alive on Nov 20, 1934, and that death occurred, on the date stated above, at 4.45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial infarct
93 C
S. F.

CONTRIBUTORY (SECONDARY)

Thrombosis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF.....

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) H. C. Stephens M. D.

Nov 21 1934 (Address) 11250 W. 11th St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Proq. Cemetery

Nov 23 1934

20. UNDERTAKER

Kempner Brothers

ADDRESS

St. Mo.

