

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.

DEC 19 1934

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

Do not use this space.

1. PLACE OF DEATH

County Pulnam
Township Grant
City (No.)

Registration District No. 720
Primary Registration District No. 6234

File No. 40390
Registered No. 18
St. Ward

2. FULL NAME

Frank Stanswood Ball
(a) Residence, No. St. Ward

(Usual place of abode)
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. (If nonresident, give city or town and State)

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 Christiana Ball

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-14-1869

7. AGE YEARS 65 MONTHS 5 DAYS 25 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal mine
10. Date deceased last worked at this occupation (month and year) Nov 9-1934 11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

13. NAME B. V. Ball

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Adaline Mackey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Christiana Ball

18. BURIAL, CREMATION, OR REMOVAL Burial

PLACE Dean Cem. DATE Nov 10 1934

19. UNDERTAKER (ADDRESS) F. O. Husted & Son

20. FILED 12-9-34 1934 E. E. McCellan

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9 1934

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h. alive on, 19..... Death is said

to have occurred on the date stated above, at 9:30 A.M.

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

Crushing Injury Date of onset

Death fall of Rock in Coal Mine

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? View Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 9 1934

Where did injury occur? Grant Twp. Pulnam Co. Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Industry. Coal Mine

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Death occurred in Coal Mine

(Signed) M. E. Husted Coroner

(Address) Unionville, Mo.

