

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.

40391

1. PLACE OF DEATH

County Putnam

Township Grant

City _____ (No. _____)

Registration District No. 720

Primary Registration District No. 6234

File No. _____

Registered No. 15

St. _____ Ward _____

2. FULL NAME

(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 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 Lola J. Ball

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 - 1897

7. AGE YEARS 37 MONTHS 4 DAYS 9 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 22

12. BIRTHPLACE (CITY OR TOWN) Putnam Co. (STATE OR COUNTRY) Mo.

13. NAME Frank S. Ball

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

15. MAIDEN NAME Christiana Dean

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) Mo.

17. INFORMANT Lola J. Ball (ADDRESS) Moberly, Mo.

18. BURIAL, CREMATION, OR REMOVAL Burial

PLACE Dean Cem. DATE Nov 10 1934

19. UNDERTAKER F. O. H. Husted & Son (ADDRESS) Hammond, Mo.

20. FILED 12-9 1934 E. E. McCallum 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 him _____ 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.
Due to fall of rock in
Coal mine.

Other contributory causes of importance: None

Name of operation _____ Date of _____

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. Putnam 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 The Death Resulted in Partly from

(Signed) Marcel E. Kustich, Coroner

(Address) Union, Mo.

