

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

Do not use this space.

FEB 2 1 1935

1. PLACE OF DEATH *St Mary Infirmary*

County

Registration District No. **791**

1003

File No.

45327

Township

Primary Registration District No.

Registered No.

183

City *St Louis mo* (No. _____)

St. _____ Ward _____

2. FULL NAME *Mrs Lulu Ball*

(a) Residence, No. *4219 St. Ferdinand* 11 Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *Colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 31 1934*

5A. IF MARRIED, WIDOWED, ~~REDIVORCED~~ HUSBAND OF (OR) WIFE OF *Arthur Ball*

22. I HEREBY CERTIFY, That I attended deceased from *September 12, 1934, to Dec. 31, 1934*

I last saw her alive on *Dec. 31 1934* Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *9-16-1890*

to have occurred on the date stated above, at *9:30 p* m.

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

44 3 15

Date of onset

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

Home Work 53

*Carcinoma of bladder
B. Gynecological fistula
Extreme Chocoma*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Home Work 48

10. Date deceased last worked at this occupation (month and year)

135

11. Total time (years) spent in this occupation

Other contributory causes of importance:

*Ca of Cervix uteri
Hydro meters*

12. BIRTHPLACE (CITY OR TOWN) *New Albany*
(STATE OR COUNTRY) *Union County miss*

13. NAME *Albert Neil*

Name of operation Date of

14. BIRTHPLACE (CITY OR TOWN) *Pontotoc*
(STATE OR COUNTRY) *miss*

What test confirmed diagnosis? Was there an autopsy? *yes*

15. MAIDEN NAME *Mandy Ransom*

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

Accident, suicide, or homicide? Date of injury _____, 19 _____

16. BIRTHPLACE (CITY OR TOWN) *Pontotoc*
(STATE OR COUNTRY) *miss*

Where did injury occur? (Specify city or town, county, and State)

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

17. INFORMANT *Virgil Ball*
(ADDRESS) *2422 No Pennington ave*

Manner of injury

Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE *Father Dickson* DATE *1-7 1935*

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

If so, specify

19. UNDERTAKER *Need & Randle*
(ADDRESS) *822 No Pennington ave*

(Signed) *R. W. White*, M. D.

20. FILED *JAN -7 1935*
J. F. Bredeck
Registrar.

(Address) *St. Marys Infirmary*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

