

FEB 26 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County LinnTownship LinnCity (No.)Registration District No. 486Primary Registration District No. 5649File No. 1928Registered No. 2 St. Ward 2. FULL NAME Mrs Anna Ball(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widow of Geo Ball</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 18 - 1856</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>1</u>
	DAYS <u>7</u>	IF LESS than 1 day, ... hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) Brampton (STATE OR COUNTRY) Canada13. NAME Wm J Thackeray14. BIRTHPLACE (CITY OR TOWN) Canada (STATE OR COUNTRY)15. MAIDEN NAME Eligabeth Turner16. BIRTHPLACE (CITY OR TOWN) Canada (STATE OR COUNTRY)17. INFORMANT Mrs Ruby Koellig (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL Clarksville Mo PLACE DATE Jan 20 193519. UNDERTAKER W H Bradley (ADDRESS) 20. FILED 2-10 1935 C. E. Powell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18th 193522. HEREBY CERTIFY that I attended deceased from Jan 8 1935 to Jan 15 1935I saw h. w. alive on Jan 10 1935 Death is saidto have occurred on the day stated above, at 3:30 p.m.

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

Myo Carditis

Date of onset

Other contributory causes of importance:

ABFName of operation Date of What test confirmed diagnosis? Was there an autopsy?

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) G. A. McArthur M. D.(Address) Clarksville Mo.

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.

