

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

Do not use this space.

6003

1. PLACE OF DEATH

County Livingston Registration District No. 576
Township Medicine Primary Registration District No. 5678
City (No.) St. Ward (No.)

2. FULL NAME

Mary E. Ball St. Ward.
(a) Residence, No. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W.</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>William Ball</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 3, 1850</u>		
7. AGE YEARS <u>54</u>	MONTHS <u>5</u>	DAYS <u>13</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1935, to Feb 7, 1935
I last saw her alive on Feb 7, 1935 Death is said to have occurred on the date stated above, at 4 A. m.

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

Date of onset Feb 4

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? swab Was there an autopsy? no

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? no
If so, specify
(Signed) W. H. Musgrave, M. D.
(Address) Richardson Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

FATHER

13. NAME James Bidmore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER

15. MAIDEN NAME Fenica Jack

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT Mr James Carl White, mo. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL em.
PLACE Richardson DATE 2-15, 1935

19. UNDERTAKER E. J. Roberts (ADDRESS) Richardson Mo.

20. FILED 3/13, 1935 W. H. Musgrave Registrar.

STATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. AGE should be carefully supplied. AGE should be carefully supplied.

