

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

Do not use this space.

FEB 15 1935

1. PLACE OF DEATH
912 County North
Township Allen
City (No.)

Registration District No. 905
Primary Registration District No. 6216

File No. 7915
Registered No. St. Ward

2. FULL NAME Lulin H. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF G. C. Ball
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 10th 1891
7. AGE YEARS 43 MONTHS 4 DAYS 23 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) North County, Mo. (STATE OR COUNTRY)

FATHER 13. NAME N. J. Mathews

14. BIRTHPLACE (CITY OR TOWN) Dowagiac Mich. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Malissa Grace

16. BIRTHPLACE (CITY OR TOWN) North County, Mo. (STATE OR COUNTRY)

17. INFORMANT G. C. Ball (ADDRESS) North County, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Prarie Chapel DATE Feb. 4 1935

19. UNDERTAKER Brann Bros. (ADDRESS) Denver, Mo.

20. FILED Feb 11 1935 Byrrn Kies Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3rd 1935

22. I HEREBY CERTIFY, That I attended deceased from August 1934 to July 3 1935

I last saw or alive on July 1 1935 Death is said to have occurred on the date stated above, at 7:30 A.m.

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

Carcinoma of Stomach

Other contributory causes of importance:

Name of operation none 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) Lewis H. Long M. D.

(Address) Denver, Mo.

Date of onset March 1935

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.

