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.

APR 18 1935

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

Do not use this space.

8936

1. PLACE OF DEATH
County Holt
Township Victory
City ..... (No. ..... St. ..... Ward)

Registration District No. 375
Primary Registration District No. 5522

File No. .....
Registered No. .....

2. FULL NAME ~~un named Child~~ Elizabeth Ball

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

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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) x x

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF x x

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9. 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 8 hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mound City Mo

FATHER
13. NAME Harry Ball
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mound City Mo

MOTHER
15. MAIDEN NAME Minnie Blazer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mound City Mo

17. INFORMANT (ADDRESS) Harry Ball Mound City

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hair Land DATE March 10 1935

19. UNDERTAKER (ADDRESS) Harry Ball Mound City Mo

20. FILED Mar. 10, 1935 Edith Kent Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1935, to March 9, 1935
I last saw her alive on March 9, 1935. Death is said to have occurred on the date stated above, at 9 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) F. E. Hogan, M. D.
(Address) Mound City Mo