

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.

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

Do not use this space.

JUL 23 1935

16290

1. PLACE OF DEATH

County Howard.
Township Richmond.
City Asa Ette Ball. (No., St. Ward)

Registration District No. 878
Primary Registration District No. 5-3-26

File No.
Registered No. 32. St. Ward)

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR <u>Married.</u> (Write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Jim E Ball</u> (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6/3rd 1859</u>		
7. AGE <u>75</u>	YEARS <u>II</u>	MONTHS <u>4</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) Missouri.
(STATE OR COUNTRY)

13. NAME Ruben Leveridge.

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

15. MAIDEN NAME Unknown,

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

17. INFORMANT Mrs Jess Kirby.
(ADDRESS) Fayette.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Gilead. DATE 5/9th 1935.

19. UNDERTAKER Guy T. Halley.
(ADDRESS) Fayette.

20. FILED 7-8 1935 V. O. Bonham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/7th 1935 . 19

22. I HEREBY CERTIFY, That I attended deceased from Apr 15 - 1935, to May 7, 1935
I last saw him alive on April 25, 1935 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Gall Bladder and Liver
Date of onset

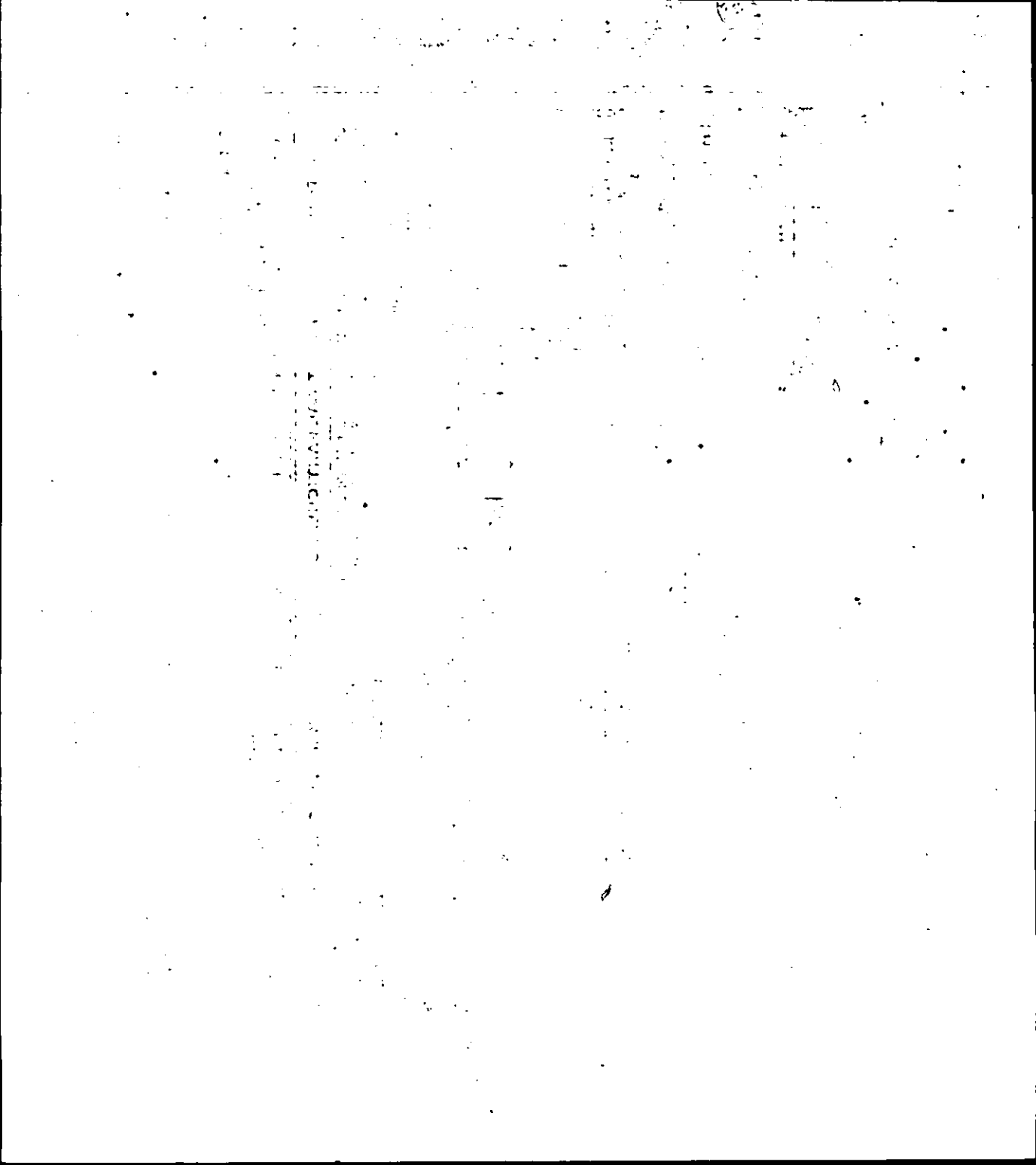
Other contributory causes of importance: no

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19...
Where did injury occur? home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury home
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify J. E. Richards, M. D.
(Signed) Fayette
(Address) no



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

ALL INFORMATION CALLED
 FOR MUST BE WRITTEN ON
 THIS SUPPLEMENTARY.
Do not use this space.

1. PLACE OF DEATH

County Howard
 Township _____
 City _____ (No. _____, _____ St. _____ Ward _____)

Registration District No. 378
 Primary Registration District No. 3326

File No. _____
 Registered No. 32

2. FULL NAME

Asa Etta Bell

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS 75 MONTHS 11 DAYS 4 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) (STATE OR COUNTRY)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS)

20. FILED 78 1934 - V. A. Burkham Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/7, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Date of onset

Carcinoma of gall bladder and liver

Primary seat Gall Bladder

Other contributory causes of importance:

Name 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) J. G. Richardson, M. D.

(Address) Lafayette Mo.

AUG 6 1935

S-16290