

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 19 1935

19218

1. PLACE OF DEATH

23

County Jackson Registration District No. 190
Township Jackson Primary Registration District No. 2274
City (No.) St. Ward

2. FULL NAME

Matilde Jesus Ball

(a) Residence, No. Canton mo Ward.

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 7 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Shelby Co. mo

13. NAME Alays Kemmer

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

15. MAIDEN NAME Virginia Simpson

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Honey Creek DATE June 26 1935

19. UNDERTAKER (ADDRESS) Gertrude Roberts 222 Second mo

20. FILED 6/26 1935 J.P. Rodgers Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 1935

22. I HEREBY CERTIFY That I attended deceased from June 18 1935 to June 25 1935. I last saw h. w. alive on June 18 1935. Death is said to have occurred on the date stated above, at 3:00 a.m.

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

Chronic Sidercarditis Date of onset

Other contributory causes of importance:

[Handwritten signature]

Name of operation Date of

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

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) W. C. E. Paddy D.O. M. D. (Address) Wilkesboro mo

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