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

NOV 18 1935

Do not use this space.

31759

1. PLACE OF DEATH

4 County Audrain — Registration District No. 26

4 Township — Primary Registration District No. 3002

7 City Mexico, Mo. (No. ..... St. ..... Ward)

File No. .....

Registered No. 744

2. FULL NAME John R. Ball

(a) Residence, No. 622 s. Olive 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1st, 1853

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
82	3	6	

OCCUPATION

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

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) about 25 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florida, Mo

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs Barbara Ridgeway Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mexico, Mo. DATE Oct 8 1935

19. UNDERTAKER (ADDRESS) H. D. Crecelius & Son Mexico Mo

20. FILED Oct 7- 1935 Blanche Neely Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1935, to Oct 5th, 1935

I last saw him alive on Oct 5th, 1935. Death is said to have occurred on the date stated above, at 5:30 A.M

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

	Date of onset
Carcinoma of Pyloric end of stomach	
Primary seat in stomach	
Other contributory causes of importance:	
Age starved to death as food would return immediately	

Name of operation none Date of .....

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? ..... 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) Paul E Cook, M. D.

(Address) Mexico Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-24-33