NOV 18 1935

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

Do not use this space.

31761

1. PLACE OF DEATH

County Audrain   Registration District No. 26   File No.

Township   Primary Registration District No. 3002   Registered No. 146

City MEXICO, Mo   (No. Audrain Hospital   St.   Ward)

2. FULL NAME Lewis F. Ball

(a) Residence, No.   St.,   Ward.   Vandalia Mo
(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 Male

4. COLOR OR RACE Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 10 - 1878

7. AGE YEARS 57   MONTHS 6   DAYS 28   If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Mo

FATHER
13. NAME John Ball
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mary Ball
(ADDRESS) Vandalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Vandalia Mo   DATE Oct 11   1935

19. UNDERTAKER W T Waters
(ADDRESS) Vandalia Mo

20. FILED Oct 9 - 1935   Blanche Neely   Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 - 1935, to Oct 8 1935

I last saw h.I.M. alive on Oct 8 - 1935. Death is said to have occurred on the date stated above, at 11 P. m.

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

Chronic Endocarditis

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Lues + with Bleeding Lesions

Name of operation None   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) Paul E Carl   , M.D.

(Address) Mexico Mo