

DEC 19 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

36541

1. PLACE OF DEATH

County Lawrence Registration District No. 467 File No. _____
Township Aurora Primary Registration District No. 4280 Registered No. 57
City Aurora (No. Corner McNatt & Lee) St. _____ Ward _____

2. FULL NAME Jack Daniel Ball

(a) Residence, No. Cor. McNatt & Lee SE 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept, 22- 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
0 1 22

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) Aurora (STATE OR COUNTRY) Missouri

13. NAME Ira Ball

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

15. MAIDEN NAME Mary Pendergrass

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

17. INFORMANT Ira Ball (ADDRESS) Aurora, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora Mo. DATE Nov, 5 1935

19. UNDERTAKER King Funeral Home (ADDRESS) Aurora Mo.

20. FILED 11/4 1935 T. D. Cavan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov, 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 1935 to Nov. 4 1935

I last saw him alive on Nov 4, 1935. Death is said to have occurred on the date stated above, at 11.00A.M.

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

Meningitis Cerebral
result of indigestion and
intestinal toxemia

Date of onset 1935 Oct 29

Other contributory causes of importance: none

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) Thomas D. Miller M. D.
Aurora, Mo. (Address)

OFFICE OF THE ATTORNEY GENERAL
STATE OF TEXAS
AUGUST 19, 1900

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COUNTY OF _____

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FOR THE YEAR 1900

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

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County Lawrence Registration District No. 467
 Township Primary Registration District No. 4280
 City Aurora (No., St. Ward)

File No.
 Registered No.

2. FULL NAME

Jack Daniel Ball
 (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

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6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
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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) Missouri

MOTHER FATHER
 13. NAME

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

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 11-4 1935 TRV Cavan Mo Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4 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:
meningitis cerebral Date of onset
result of indigestion
and intestinal toxemia
Meningitis not epidemic
 Other contributory causes of importance:
Gastro-enteritis

Name of operation Date of operation
 What test confirmed diagnosis? 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, home, or in public place.

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 (Signed) Thomas D. Miller, M. D.
 (Address) Aurora Mo

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