

JAN 23 1936

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

Do not use this space.

39698

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 2  
Primary Registration District No. St. Mary's Hospital  
(No. St. Mary's Hospital)

File No. 6340  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward)

2. FULL NAME John W Ball

(a) Residence, No. 3816 East 11th St., \_\_\_\_\_ 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
58 10 12

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Agency

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) Kansas

13. NAME James Ball

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

15. MAIDEN NAME Mary Miller

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

17. INFORMANT (ADDRESS) Mrs. Della Ball et al 3816 East 11th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE 12/23/35, 19\_\_

19. UNDERTAKER Quirk & Tobin Co. (ADDRESS) 20 West Linwood

20. FILED 12-21, 1935 M. M. Crowe, Asst Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-21-35, 19\_\_

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_ to \_\_\_\_\_ 19\_\_

I last saw h. Carver alive on \_\_\_\_\_ 19\_\_ Death is said

to have occurred on the date stated above, at 12:40 a.m.

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

Pancreatic Empyema  
Right Pneumothorax

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation Autopsy Date of \_\_\_\_\_

What test confirmed diagnosis Autopsy Was there an autopsy Yes

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) J. H. Owens, M. D.

(Address) Kansas City, Mo

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.

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