

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.

DEC 19 1935

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

Do not use this space.

1. PLACE OF DEATH

County Lafayette
Township Dover
City Confederate Home (No. _____)

Registration District No. 460
Primary Registration District No. 56-23

File No. 40086

Registered No. 72
St. _____ Ward _____

2. FULL NAME

Samuel G. H. 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

3. SEX Male 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 Don't Know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 11 - 1836

7. AGE YEARS 99 MONTHS 3 DAYS 21 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Formerly, Farmer
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) Wester (STATE OR COUNTRY) Tennessee

13. NAME Don't Know

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

15. MAIDEN NAME "

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

17. INFORMANT Mathie H. Garland (ADDRESS) Hugginsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Holden, Mo. DATE Dec. 3rd 1935

19. UNDERTAKER A. H. Huggins (ADDRESS) Hugginsville, Mo.

20. FILED Dec 3/1935 W. H. G. M. D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2nd 6 P.M. 1935

22. I HEREBY CERTIFY, That I attended deceased from Tuesday Afternoon to about 2 O'clock, 1935. I last saw him live on Dec. 2nd, 1935. 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:

Old age - Paralyzing

Date of onset

Other contributory causes of importance:

None

Name of operation _____ Date of _____ What test confirmed diagnosis? _____ 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 _____, 1935

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) F. A. Huggins, M. D.

(Address) Confederate Home, Hugginsville, Mo.

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

**ALL INFORMATION OBTAINED
FROM THIS SUPPLEMENTARY
CERTIFICATE OF DEATH IS TO BE
RECORDED IN THE REGISTRY**

1. PLACE OF DEATH

County Lafayette
Township Donder
City Donder (No. 1)

Registration District No. 460
Primary Registration District No. 5623

File No. 72
Registered No. 72
St. Donder Ward 1

2. FULL NAME

Samuel G. W. Ball

(a) Residence, No. 1 St. Donder Ward 1
(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE <u>99</u>	YEARS <u>3</u>	MONTHS <u>21</u>
		DAYS <u>21</u>
		If LESS than 1 day, ... hrs. or min.

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)

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 1938

19. UNDERTAKER
(ADDRESS)

20. FILED Feb 1 19 38 W. G. M. B.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21 1938

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:

Old age paralysis
cerebral
hemorrhage

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external cause (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?.....

If so, specify.....

(Signed) J. H. Howard, M. D.

(Address) Confederate Home
Jeffersonville

SUPPLEMENTARY

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.

5-40086