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.

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

MAY 27 1936

Do not use this space.

16615

1. PLACE OF DEATH
County St Charles
Township Cuivre
City Wentzville (No. St. Ward)
Registration District No. 760
Primary Registration District No. 75599
File No. 3
Registered No. 97

2. FULL NAME Carrie Goodrich Ball
(a) Residence, No. Wentzville Mo St., Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 76 yrs. 8 mos 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 Nathiel Melville Ball
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2, 1859
7. AGE 76 YEARS 8 MONTHS 27 DAYS If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Wentzville Mo

FATHER
13. NAME Joseph Carter Goodrich
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Amy Smith Frowe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wentzville Mo St Charles Co

17. INFORMANT Anna S. Ball
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lynn Cemetery DATE May 1 1936

19. UNDERTAKER Kemper Bros
(ADDRESS) Troy Mo

20. FILED 4/30 1936 W A Caldwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 29th 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 27th 1936, to Apr 29th 1936
I last saw her alive on Apr 29th 1936. Death is said to have occurred on the date stated above, at 12^20 a.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia — Date of onset 4/27/36

108

Other contributory causes of importance:

Name of operation Date of
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, 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) W. S. Cavenaugh, M. D.
(Address) Wright City Mo