WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUN 17 1936

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

Do not use this space.

19537

File No.

Registered No. 2494

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City — (No. 420 North Topping Avenue St. Ward)

2. FULL NAME Arthusa Ball

(a) Residence, No. 420 North Topping Avenue, 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF George W. Ball

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 4, 1853

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
82	6	14	

OCCUPATION

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

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) Illinois

FATHER

13. NAME Asa Wright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER

15. MAIDEN NAME Ruble

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No reocrd

17. INFORMANT George C. Ball
(ADDRESS) 420 North Topping Avenue

18. BURIAL, ~~CREMATION OR REMOVAL~~
PLACE Smithville, Mo. DATE May 20, 19 36

19. UNDERTAKER Stipe & McClure
(ADDRESS) 3235 Gillham Plaza

20. FILED May 19, 1936 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 19 36

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1936, to May 18, 1936

I last saw her alive on May 18, 1936. Death is said to have occurred on the date stated above, at P. m. 11:23

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

	Date of onset
Myocarditis, Chronic	
Extensive arteriosclerosis	
senility	

Other contributory causes of importance: NONE

Name of operation No 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? No 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) R. R. Claffey, M. D.

(Address) 1103 Grand