

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

Do not use this space.

23022

1. PLACE OF DEATH June 24 1936  
 County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City, Mo. (No. 1509, Penn. St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Ariel E. Ball  
 (a) Residence, No. 1509 Penn 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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha C. Ball

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1936, to June 6, 1936  
 Last saw him alive on June 6, 1936. Death is said to have occurred on the date stated above, at 7 P.M.

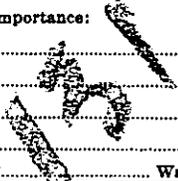
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2, 1869

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 7 20

Chronic nephritis with edema and hypertension with heart failure  
 Date of onset 2 yrs.

OCCUPATION 8. Trade, profession, or particular kind of work done, as carpenter, sawyer, bookkeeper, etc. carpenter  
 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

Other contributory causes of importance:  


12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Iowa

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

FATHER 13. NAME Rubin Ball

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.

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

MOTHER 15. MAIDEN NAME Polly Dix

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs. Bertha Ball 1509 Penn

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton, Iowa DATE June 23, 1936

24. Was disease or injury in any way related to occupation of deceased? No

19. UNDERTAKER (ADDRESS) R. V. Lindsey & Sons 3811 Broadway

If so, specify (Signed) Frank M. White, M. D.

20. FILED 6/22/36 M. M. Crowe Registrar.

(Address) 935 Myrtle St. Jc.

GROUP 1 - EXEMPT FROM FEDERAL GOVERNMENT EMPLOYMENT PROTECTION ACT OF 1938

Permit