

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

Do not use this space.

OCT 21 1936

26411-a

1. PLACE OF DEATH

County Howell

Township Howell

City

(No.

Registration District No.

384

Primary Registration District No.

5535

File No.

Registered No.

St.

Ward

2. FULL NAME Leonard Ray 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 1 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Ma

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

child

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

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

Sept. 29, 1934

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

1

7

14

OCCUPATION

8. Trade, profession, or particular kind of work done, as splanner, 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)

Brandsville, Mo.

FATHER

13. NAME

J. R. Ball

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

Fruitville, Mo.

MOTHER

15. MAIDEN NAME

Cora Ellison

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

Oregon Co., Mo.

17. INFORMANT (ADDRESS)

J. R. Ball
Brandsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union Hill

DATE July 13, 1936

19. UNDERTAKER (ADDRESS)

None

20. FILED

7/13

19. 36

Vida W. Simons

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 13

19 36

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1936, to July 13, 1936

I last saw him alive on July 13, 1936 Death is said to have occurred on the date stated above, at 6 P. m.

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

Acute ileo-colitis

Date of onset

7/11/

36

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? EXAM

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) E. C. Bahrer

M. D.

(Address) West Plains, Mo.

