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.

OCT 21 1936

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

Do not use this space.

34115

1. PLACE OF DEATH
County: Gentry
Township:
City: King City (No. ... St. ... Ward)

Registration District No. 312
Primary Registration District No. 4188

File No.
Registered No.

2. FULL NAME: Jannett Carlene Ball

(a) Residence, No. King City 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. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 1-36

7. AGE: Years | Months | Days: 3 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): King City Mo.

FATHER
13. NAME: Carl W. Ball
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): King City Mo.

MOTHER
15. MAIDEN NAME: Roberta J. Hewell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Trenton Mo.

17. INFORMANT (ADDRESS): Carl W. Ball King City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: King City DATE: Sept. 3 1936

19. UNDERTAKER (ADDRESS): J. L. Taggart King City Mo.

20. FILED: Sept. 3, 1936 Donald D. Gatz Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 3. 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1936 to Sept. 3 1936
I last saw h. alive on Sept 3 1936. Death is said to have occurred on the date stated above, at 3:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth (6½ mos)	
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 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?
If so, specify

(Signed) Dr Zack Barnes
(Address) King City, Mo.