

DEC 28 1936

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

Do not use this space.

40789

1. PLACE OF DEATH

County Cooper

Registration District No. 218

Township

Primary Registration District No. 3015

City Bonville

(No. St. Joseph Hospital)

File No. _____

Registered No. 135

St. _____ Ward)

2. FULL NAME

Lee Kenneth Ball

(a) Residence, No. _____ St. _____ Ward. Versailles Missouri

(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 M 4. COLOR OR RACE White 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) Jan 12-1918

7. AGE YEARS 18 MONTHS 10 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant store

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) Morgan Co. Mo

13. NAME Austin Ball

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co Mo

15. MAIDEN NAME Obra Mattox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. Mo

17. INFORMANT David Ball (ADDRESS) Versailles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Versailles DATE Nov. 29, 1936

19. UNDERTAKER W F Kidwell (ADDRESS) Versailles Mo

20. FILED Nov 28, 1936 DeKasper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-27-36, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-13-36, 19, to 11-27-36, 19.

I last saw him alive on 11-27-36, 19. 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:

Gunshot through abdomen
Peritonitis
Less Pleural effusion

Date of onset
11-12-36
11-15-36
11-17-36

Other contributory causes of importance: NO

Name of operation Laparotomy Date of 11-13-36

What test confirmed diagnosis? operation 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 11-13-36, 19

Where did injury occur? Versailles Morgan County Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public place

Manner of injury shot with revolver

Nature of injury bullet wound the stomach & colon

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

If so, specify no

(Signed) A. E. R. Ransaw, M. D.

(Address) Bonville, Missouri

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.

