

JAN 21 1937

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

Do not use this space.

45567

1. PLACE OF DEATH

County Montgomery
Township Pennington
City Monticello (No.)

Registration District No. 94-8.
Primary Registration District No. h.186E.

File No.
Registered No.
St. Ward

2. FULL NAME

Sarah Catherine T 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF <u>Husband of</u> <u>Harner T Ball</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov - 16 - 1866</u>		
7. AGE <u>76</u>	YEARS <u>1</u>	MONTHS <u>6</u>
DAYS <u>6</u>		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Housewife</u>
	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	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln Co</u>
	13. NAME <u>John A. Murphy</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	15. MAIDEN NAME <u>Sarah A. Murphy</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

17. INFORMANT (ADDRESS) <u>Mrs. John C. Fore</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crematory Cem</u> DATE <u>12-23-1936</u>
19. UNDERTAKER (ADDRESS) <u>B. J. Baker</u>
20. FILED <u>Dec. 23, 1936</u> <u>Mrs. Elmer Gregory</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1936 to Dec. 22, 1936

I last saw her alive on December 4, 1936 Death is said

to have occurred on the date stated above, at 4 a.m.

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

Carcinoma of Stomach
Emboli from Stomach
causing Left Hemiplegia

Date of onset 12-4-36

Other contributory causes of importance:
Jaundice + Diarrhea

12-4-36

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

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? no
If so, specify

(Signed) Elmer J. T. Andersen, M. D.
(Address) Montgomery City, Mo

