

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.

JUL 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County HowellRegistration District No. 389File No. 23863Township MyattPrimary Registration District No. 5543Registered No. 11

City

(No. 2)St. Mo.

Ward

2. FULL NAME

Anna Eliza Ball(a) Residence, No. Fruitville, Mo.St. 1

Ward.

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFGeo. Washington Ball

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

Sept 22, 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, ... hrs.

or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.None9. 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)

Albion,

(STATE OR COUNTRY)

Ill.

13. NAME

Iziah Baughman

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

17. INFORMANT

(ADDRESS)

Mrs. Clifford CarteWest Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Union Hill Cem.Brandsville, Mo.DATE June 17, 1937

19. UNDERTAKER

(ADDRESS)

Hal ThompsonWest Plains, Mo.

20. FILED

June 24, 1937Dr. H. A. Thompson

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 193722. I HEREBY CERTIFY, That I attended deceased from
June 11, 1937, to June 16, 1937I last saw him alive on June 11, 1937. Death is saidto have occurred on the date stated above, at 7:05 P.M.

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

Cerebral Hemorrhage, right.
Hemiplegia, left.

Date of report

6/11/371937.

Other contributory causes of importance:

Myo-carditis, chronic with
Arterio-Sclerosis.Name of operation NoneDate of XWhat test confirmed diagnosis? Clinical 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) A. H. Thompson, M. D.(Address) West Plains, Mo.

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