JAN 27 1938

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

Do not use this space.

45133

File No. 5

Registered No. 12

1. PLACE OF DEATH

County: Clinton

Township: Lafayette

City: ~~Nemple~~ (No. ..... St. ..... Ward)

Registration District No. 210

Primary Registration District No. 5289

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2. FULL NAME William Wylie Ball

(a) Residence, No. ..... St., ... Ward. Stewartsville Mo (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15, 1890

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
47	2	18	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) October 1937

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platt County Missouri

FATHER

13. NAME John W. Ball

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

MOTHER

15. MAIDEN NAME Martha M. Wattenbarger

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

17. INFORMANT (ADDRESS) Darrell V. Ball Stewartsville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stewartsville Mo DATE Dec 6, 1937

19. UNDERTAKER (ADDRESS) F. G. Lyon Stewartsville Mo.

20. FILED Dec 4, 1937 J. Morris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:30 A.m.

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

	Date of onset
Accidental gun shot. 410 Shotgun Wound above and back of right ear. Self inflicted. Accidental (probably) no witnesses to accident.	

Other contributory causes of importance:

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Name of operation ..... 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? Accident Date of injury Dec 3, 1937

Where did injury occur? Nemple Missouri (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On East Platform C.B.&Q. Railroad station platform

Manner of injury Shot from short thru R side of head

Nature of injury Hole in skull and brain ruptured

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

If so, specify .....

(Signed) A. D. Templeman M.D.

(Address) Clinton County Coroner Cameron Mo

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.