

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

Do not use this space.

2594

1. PLACE OF DEATH
38 County St. Louis Registration District No. 259
Township St. Louis Primary Registration District No. 4128
City Mayville (No. St. Ward) 400

2. FULL NAME May 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June -16-1899

7. AGE YEARS 38 MONTHS 7 DAYS 23 If LESS than 1 day, hrs. or min.

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

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) Stewartsville Mo. (STATE OR COUNTRY)

13. NAME John M. Ball

14. BIRTHPLACE (CITY OR TOWN) Stewartsville Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Martha M. Wallenberg

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

17. INFORMANT Acie Ball (ADDRESS) Mayville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stewartsville DATE Jan-11-1938

19. UNDERTAKER F. J. Brown (ADDRESS) Stewartsville Mo.

20. FILED 1-10 19 38 Ellen J. Borer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9 . 19 38

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1934, to Jan 8, 1938
I last saw her alive on Jan 8, 1938 Death is said to have occurred on the date stated above, at 6:00 a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
7/9/38

Other contributory causes of importance: 7/9

RECEIVED
FEB 13 1938
Name of operation Date of
What first 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 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) Ed R. Reynolds
234 (Address) Mayville Mo.

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.

