

REC'D AUG 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

25972

Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery -(b) Township Bear Creek(c) City Jonesburg, Mo.

(d) Street No. _____

Registration District No. 589Primary Registration District No. 4347

Registered No. _____

(e) Length of residence in city or town where death occurred 62 yrs. 1 mos. 10 ds. (f) How long in U. S., if of foreign birth? - yrs. - mos. - ds.

2. PRINT FULL NAME

Dr. Enoch Alexander Ball400(a) Residence, No. Jonesburg, Missouri St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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 OF

Stella Eugenia Smith

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

Dec. 27th, 1852

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. _____ min.

8572

OCCUPATION

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

Physician and

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

Surgeon.10. Date deceased last worked at this occupation (month and year) July 23, 193811. Total time (years) spent in this occupation 64 yrs.

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Warren Co., Missouri

FATHER

13. NAME

Hampton Ball

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Virginia

MOTHER

15. MAIDEN NAME

Martha Culp

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Warren Co., Mo.

17. INFORMANT (ADDRESS)

Thomas E. Ball, St. Louis, Missouri

18. BURIAL, CREMATION, OR REMOVAL

Place Jonesburg Cem. DATE July 30, 1938

19. FUNERAL DIRECTOR (ADDRESS)

Ray Means Jonesburg

20. FILED

19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1938

I HEREBY CERTIFY That I attended deceased from

July 24, 1938 to July 29, 1938last seen alive on July 29, 1938 Death is saidto have occurred on the date stated above, at 12:55 p.m.

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

Cerebral hemorrhage

Date of onset

7/27/38

Other contributory causes of importance:

SimilarityName of operation None Date of _____What test confirmed diagnosis? None 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) Charles L. Gernert, M. D.(Address) Warrenton, Ore

STATEMENT BY LICENSED EMBALMER

I, Ray Means, Licensed Embalmer No. 3743

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Ray Means

Licensed Embalmer No. 3743

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

25-972

Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 589
(b) Township _____ Primary Registration District No. 4347
(c) City Jonesburg (d) Street No. _____ Registered No. 24
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Dr. Enoch Alexander Ball St. Jonesburg, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stella Eugenia Smith
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-27-1852
7. AGE YEARS 85 MONTHS 7 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as saw mill, bank, etc. Surgeon
10. Date deceased last worked at this occupation (month and year) July 23, 1938 11. Total time (years) spent in this occupation 64 yrs

12. BIRTHPLACE (CITY OR TOWN) Warren (STATE OR COUNTRY) Mo.

13. NAME Hampton Ball

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

15. MAIDEN NAME Martha Ball

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

17. INFORMANT (ADDRESS) Thompson Ball
St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jonesburg DATE July 30, 1938

19. FUNERAL DIRECTOR (ADDRESS) Ray Means
Jonesburg, Mo.

20. FILED Sept. 14, 1938 Mary Ann Plumer
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1938

22. I HEREBY CERTIFY That I attended deceased from July 24 to July 29, 1938

Last saw living alive on July 29, 1938. Death is said to have occurred on the date stated above, at 12:15 m.

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

Cerebral Hemorrhage Date of onset _____

Other contributory causes of importance: Semility

Name of operation none Date of _____

What test confirmed diagnosis none 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) Charles L. Gu, M. D.

(Address) Warrenton Mo.

