

REC'D SEP 16 1938

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

Do not use this space.

28869

1. PLACE OF DEATH

County JeffersonRegistration District No. 312Township JeffersonPrimary Registration District No. 418.5City King City (No. 4 St. 400 Ward)

2. FULL NAME

(a) Residence, No. Jefferson Davis Ball St. 400 Ward.

(Usual place of abode)

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 M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mellie A. Ball6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15 - 1864

7. AGE

YEARS 74MONTHS 6DAYS 14

IF LESS than 1 day, hrs. or min.

OCCUPATION

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

Farmer

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) July 193811. Total time (years) spent in this occupation 012. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER

13. NAME Rhodens Ball14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Lewis16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT (ADDRESS) J. B. Birtch

18. BURIAL, CREMATION, OR REMOVAL

PLACE King CityDATE 9-2-

1938

19. UNDERTAKER (ADDRESS) W. J. Jagan20. FILED 9/11/38

1938

Donald

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 30, 193822. I HEREBY CERTIFY, That I attended deceased from Aug. 27, 1938, to Aug. 31, 1938I last saw him alive on Aug. 31, 1938. Death is said to have occurred on the date stated above, at 12:45 a.m.

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

- Apoplexy following heavy chill from influenzaDate of onset Aug. 31Other contributory causes of importance: 82 wt

Name of operation Date of

What test 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 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) Dr. J. A. Barnes(Address) King City, Mo.

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WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

1 X9314

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.

