

WRITE PLAINLY, WITH OBTAINING INFORMATION. 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.

REC'D DEC 19 1938

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

Do not use this space.

1. PLACE OF DEATH

38 County Gentry
Township Wilson
City Laurens (No. 1)

Registration District No. 311
Primary Registration District No. 5438

File No. 39134
Registered No. 39134

2. FULL NAME Mary Jane Ball

(a) Residence, No. 1400 St. 1400 Ward. 1400
(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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF John L. Ball

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 4 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Guernsey County
(STATE OR COUNTRY) Ohio

13. NAME R.K. Rogers

14. BIRTHPLACE (CITY OR TOWN) Guernsey County
(STATE OR COUNTRY) Ohio

15. MAIDEN NAME Frances M Lewis

16. BIRTHPLACE (CITY OR TOWN) Guernsey Co.
(STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. J.W. Summa
(ADDRESS) Albany, Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old Brick DATE Nov. 2 1938

19. UNDERTAKER Brooks Funeral Home
(ADDRESS) Albany, Mo.

20. FILED 11/10 1938 W. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 29th 1938 to Oct 31st 1938

I last saw her alive on Oct 31st 1938 Death is said to have occurred on the date stated above, at 10:30 P.M.

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

acute cerebral hemorrhage 3 days
121

Other contributory causes of importance:
Chronic Interstitial Nephritis Chronic

Name of operation Chronic Interstitial Nephritis Date of Chronic

What test confirmed diagnosis? Chronic Interstitial Nephritis Was there an autopsy? Chronic

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Chronic Interstitial Nephritis Date of injury Chronic

Where did injury occur? Chronic Interstitial Nephritis (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Chronic Interstitial Nephritis
Nature of injury Chronic Interstitial Nephritis

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Chronic Interstitial Nephritis

(Signed) W. S. Campbell 1, M. D.
283 (Address) Albany Mo

