

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

Do not use this space.

39853

1. PLACE OF DEATH

County Montgomery
 Township Donnell
 City New Florence Mo

Registration District No. 593
 Primary Registration District No. 4351

File No. 66
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME Charlie M. Ball

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 nd 1892

7. AGE YEARS 46 MONTHS 4 DAYS 21 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Middletown Mo

13. NAME John Ball

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

15. MAIDEN NAME Millie Hawkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mc Kittrick Mo

17. INFORMANT John Ball (ADDRESS) New Florence Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Montgomery City Mo Gen II/15/38

19. UNDERTAKER C. F. Hopkins (ADDRESS) Montgomery City Mo

20. FILED 12/10 1938 James D. Nelson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/13/38 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-5, 1938, to 11-13, 1938

I last saw him alive on 11-12, 1938 Death is said

to have occurred on the date stated above, at 7:35 a.m.

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

Pneumonia
Cerebral Hemorrhage

Date of onset 11-5-38
11-5-38

Other contributory causes of importance:

Arterio Sclerosis
nephritis

?

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? Yes

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) James D. Nelson, M. D.
 (Address) New Florence Mo.

523

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

82a

Thereby certify that the body whose name appears on the reverse side of the certificate was embalmed by me on the 13 th day of Nov 1938.

License No. I487

Address Montgomery City Mo.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

39853

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1. PLACE OF DEATH

(a) County Montgomery Registration District No. 593
(b) Township _____ Primary Registration District No. 43.51
(c) City New Florence (d) Street No. _____ St.
(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. _____ St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 4 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-13 1938

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 _____ m.

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

Broncho Pneumonia
Cerebral Hemorrhage
Other contributory causes of importance:
Arterio Sclerosis
Nephritis (chronic)

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?

If so, specify

(Signed) James G. Helms, M. D.

(Address) New Florence Mo.

