

REC'D FEB 16 1939

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

Do not use this space.

1. PLACE OF DEATH

County AtchisonRegistration District No. 17Township ClarkPrimary Registration District No. 5021City Fairfax (No.)File No. 1475

Registered No.

St. Ward)

2. FULL NAME Elizabeth Ann Ball(a) Residence, No. St. Ward.
(Usual place of abode)Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James W. Ball6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5, 18577. AGE YEARS 81 MONTHS 4 DAYS 14 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None10. Date deceased last worked at this occupation (month and year) Jan. 1, 1939 11. Total time (years) spent in this occupation.12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt County, Missouri13. NAME Alfred Carroll Taylor14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Tennessee15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Tennessee17. INFORMANT (ADDRESS) Mrs. Helen Davis Fairfax, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Sharp Cemetery DATE Jan. 21, 193919. UNDERTAKER (ADDRESS) H. N. Scholer & Son Fairfax, Mo.20. FILED Jan. 21, 1939 Hettie B. Blocker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19, 193922. I HEREBY CERTIFY that I attended deceased from Jan 10, 1939, to Jan 19, 1939. I last saw him alive on Jan 18, 1939. Death is said to have occurred on the date stated above, at 7 A. M.The principal cause of death and related causes of importance were as follows:
Capillary BronchitisOther contributory causes of importance:
Chronic Valvular Heart DiseaseName of operation none Date of operation 1932What test confirmed diagnosis? none Was there an autopsy? yes23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury 1932Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury no
Nature of injury no24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) Owen Hunter, M. D.
(Address) Fairfax Mo

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.

