

OCT 13 1939

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

31732

Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 9
 (b) Township 1 Primary Registration District No. 4009 Registered No. _____
 (c) City Rosendale (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. da.

2. PRINT FULL NAME John C. Ball

(a) Residence, No. 400 Rosendale Mo. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bertha Ball</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct, 3 1875</u>		
7. AGE <u>63</u>	YEARS	MONTHS
		<u>II</u>
	DAYS	<u>5</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>farmer</u>		
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) Ashland
 (STATE OR COUNTRY) Kentucky

FATHER
 13. NAME Henry Ball
 14. BIRTHPLACE (CITY OR TOWN) Un known
 (STATE OR COUNTRY) Un known

MOTHER
 15. MAIDEN NAME Arline Meeks
 16. BIRTHPLACE (CITY OR TOWN) Un known
 (STATE OR COUNTRY) Kentucky

17. INFORMANT Bertha Ball
 (ADDRESS) Rosendale Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mount Zion DATE sept 10 1939

19. FUNERAL DIRECTOR E. C. Breit
 (ADDRESS) Savannah Mo.

20. FILED Sept. 12 1939 W. B. Wood
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept, 8 1939

22. I HEREBY CERTIFY, that I attended deceased from March 2 1939 to Sept 8 1939
 I last saw him alive on Sept 8 1939 Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Coronary Arteriosclerosis

Other contributory causes of importance: 94

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) W. B. Wilson, M. D.
 (Address) Rosendale Mo.

RECEIVED

District Health Officer No. 11;

District File No. 1039-1340

Date Filed OCT 17 1939

STATEMENT BY LICENSED EMBALMER

I, E. C. Breit, Licensed Embalmer No. 2650

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

L. E.

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

Signed

E. C. Breit

Licensed Embalmer No. 2650

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