

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

Do not use this space.

DEC 15 1939

1. PLACE OF DEATH
 County Holt 2 Registration District No. 369
 Township Union 1 Primary Registration District No. 4215
 City Craig (No. St. Ward)
 400 Mrs. Addie Idona Kee Ball
 2. FULL NAME
 (a) Residence, No. St. Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

39778

File No.
 Registered No. 13

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 (OR) WIFE OF Mr. Robert C. Ball
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4, 1877
 7. AGE YEARS 62 MONTHS 3 DAYS 4 If LESS than 1 day, hrs. or min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In Home
 10. Date deceased last worked at this occupation (month and year) 2 years ago 11. Total time (years) spent in this occupation 45 yrs
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Biglow - Holt County, Missouri
 MOTHER FATHER
 13. NAME Mr. William Kee
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 3
 15. MAIDEN NAME Miss Augusta Borchers
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perln.
 17. INFORMANT Mr. Robert Ball (ADDRESS) Craig, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE D.O.O.F. DATE Nov 10, 1939
 19. UNDERTAKER Schoelen Bros (ADDRESS) Craig, Mo.
 20. FILED Nov 10, 1939 Velta Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8, 1939
 22. I HEREBY CERTIFY, That I attended deceased from James to Nov 8, 1939
 I first saw him alive on Nov 8, 1939 Death is said to have occurred on the date stated above, at 4 p. m.
 The principal cause of death and related causes of importance were as follows:
Coronary Occlusion Date of onset 1938
 Other contributory causes of importance: 946
 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? 0.
 If so, specify
 (Signed) J. C. Thwait M. D.
 (Address) Craig 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.

RECEIVED

District Health Officer No. 111

District File Number 1239-1708

Date Filed DEC 14 1939