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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED AUG 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25694

Registration District No. 604 Primary Registration District No. 4356 Registrar's No.

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Marston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether years, months or days)
In this community All of Life

2. USUAL RESIDENCE OF DECEASED: 72
(a) State Missouri (b) County New Madrid
(c) City or town Marston
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Bobbie Ball. Bobbie Babb
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M 0
5. Color or race White
6. (a) Single, widowed, married, divorced 0 Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased May (Month) 14 (Day) 1941 (Year)
8. AGE: Years | Months 5 | Days | If less than one day hr. min.
9. Birthplace Marston (City, town, or county) 0 Mo (State or foreign country)
10. Usual occupation Child
11. Industry or business
FATHER 12. Name Barney Ball.
13. Birthplace Unk. (City, town, or county) 1 Ky (State or foreign country)
MOTHER 14. Maiden name Flora Horton.
15. Birthplace Unk. (City, town, or county) Miss. (State or foreign country)
16. (a) Informant Barney Ball
(b) Address Marston, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Marston.
18. (a) Signature of funeral director No
(b) Address
19. (a) 8-1-41 (Date received local registrar) (b) Wm O'Bann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 14
year 1941 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from July, 10 1941 to July 13 1941
that I last saw him alive on July 13, 41 19
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Colitis	
Due to Mal-Nutrition, predisposing cause	
Due to Faulty feeding	
Other conditions (Include pregnancy within 3 months of death) None	

Major findings:
Of operations
Of autopsy No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature A. A. Reeder (M. D. or other) D
Address Portageville, Mo. Date signed Aug.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 841-1184
Date Filed 8-19-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Registered Apprentice No. ..... working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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

If this body is not embalmed, fact should be so stated above.