

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.

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

PLACE OF DEATH
County Wright
Township Clark
or Norwood
Village Norwood
or
City _____ (NO. _____ St. _____ Ward _____)
Registration District No. 112 File No. 3623
Primary Registration District No. 6226 Registered No. 19

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME

Hiram H. Ball

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE Married
MARRIED Married
WIDOWED
OR DIVORCED
(Write the word)

DATE OF DEATH Dec - 31 - 1914
(Month) (Day) (Year)

DATE OF BIRTH Oct - 31 - 1862
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 20, 1913, to Dec 31, 1914, that I last saw him alive on Dec 31, 1914,

AGE 52 yrs. 2 mos. 0 ds. If LESS than 1 day, _____ hrs. or _____ min.?

and that death occurred, on the date stated above, at _____ m.

OCCUPATION (a) Trade, profession, or particular kind of work Atty. at Law

The CAUSE OF DEATH* was as follows: Chronic Gastritis

(b) General nature of industry, business, or establishment in which employed (or employer)

1180 105

BIRTHPLACE (City or town, State or foreign country) Lee Co. Va.

(Duration) _____ yrs. _____ mos. _____ ds.

NAME OF FATHER Geo. N. Ball

Contributory (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Lee Co. Va.

(Signed) D. W. [Signature] M. D.

MAIDEN NAME OF MOTHER Nancy E. Hostin

177, 1914 (Address) Norwood

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Lee Co. Va.

*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

(Informant) N. M. Ball

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

(ADDRESS) Norwood Mo.

Where was disease contracted if not at place of death?

Filed 1/6, 1915 T. B. Bouldin

Former or usual residence

PLACE OF BURIAL OR REMOVAL Thomas Cemetery DATE OF BURIAL 1-1-1915

UNDERTAKER Mrs. T. B. Bouldin ADDRESS Norwood

REGISTRAR

Census and Association

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*

Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "*Asthenia*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("*Con- genital*," "*Senile*," etc.), "*Dropsy*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Marasmus*," "*Old age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or mis- carriage, as "*PUERPERAL septicaemia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMI- CIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "*Con- tributory*." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)