

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

Do not use this space.

38334

1. PLACE OF DEATH

County Nevada
Township W
City Hesperida (No.)

Registration District No. 875
Primary Registration District No. 6162

File No.
Registered No. 295
St. Ward)

2. FULL NAME

Lucy M. Ball
(a) Residence. No. ST Hosp # 3 St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John E. Ball

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 7, 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>75</u>	<u>2</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER John Allen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) MO.

12. MAIDEN NAME OF MOTHER Lucy Hammett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) MO.

14. INFORMANT Hosp record
(Address)

15. FILE NO. - 19 30 E. R. King
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 26 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1930, to Nov 26, 1930. that I last saw her alive on Nov 25, 1930, and that death occurred, on the date stated above, at 7 A m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 Chronic myocarditis

84 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic interstitial nephritis
Acute Mania (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) A. H. Martin, M. D.

Nov. 26, 1930 (Address) Nevada MO.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Windsor MO. Nov 27 1930

20. UNDERTAKER ADDRESS

Allen V. Hays Nevada MO.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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