

NOV 26 1935

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

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1. PLACE OF DEATH

County Ray
Township Richmond
City Richmond (No. _____)

Registration District No. 744
Primary Registration District No. 3035

File No. _____
Registered No. 99
St. _____ Ward _____

2. FULL NAME

Martin Luther Ball

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Not known</u>		
7. AGE YEARS <u>79</u>	MONTHS —	DAYS —
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Black smith</u>		
9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY) <u>Jaxington Mo</u>		
13. NAME <u>Not known</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>		
15. MAIDEN NAME <u>Not known</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>		
17. INFORMANT <u>Bessie Ball</u> (ADDRESS) <u>Richmond Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Richmond</u> DATE <u>Nov. 6, 1935</u>		
19. UNDERTAKER <u>Thurman</u> (ADDRESS) <u>Richmond Mo</u>		
20. FILED <u>11-8</u> 19 <u>35</u> <u>E. E. Day</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1935, to Nov 3, 1935.
I last saw him, alive on Nov 3, 1935. Death is said to have occurred on the date stated above, at 6:30 a. m.
The principal cause of death and related causes of importance were as follows:
Bright's disease
Date of onset _____

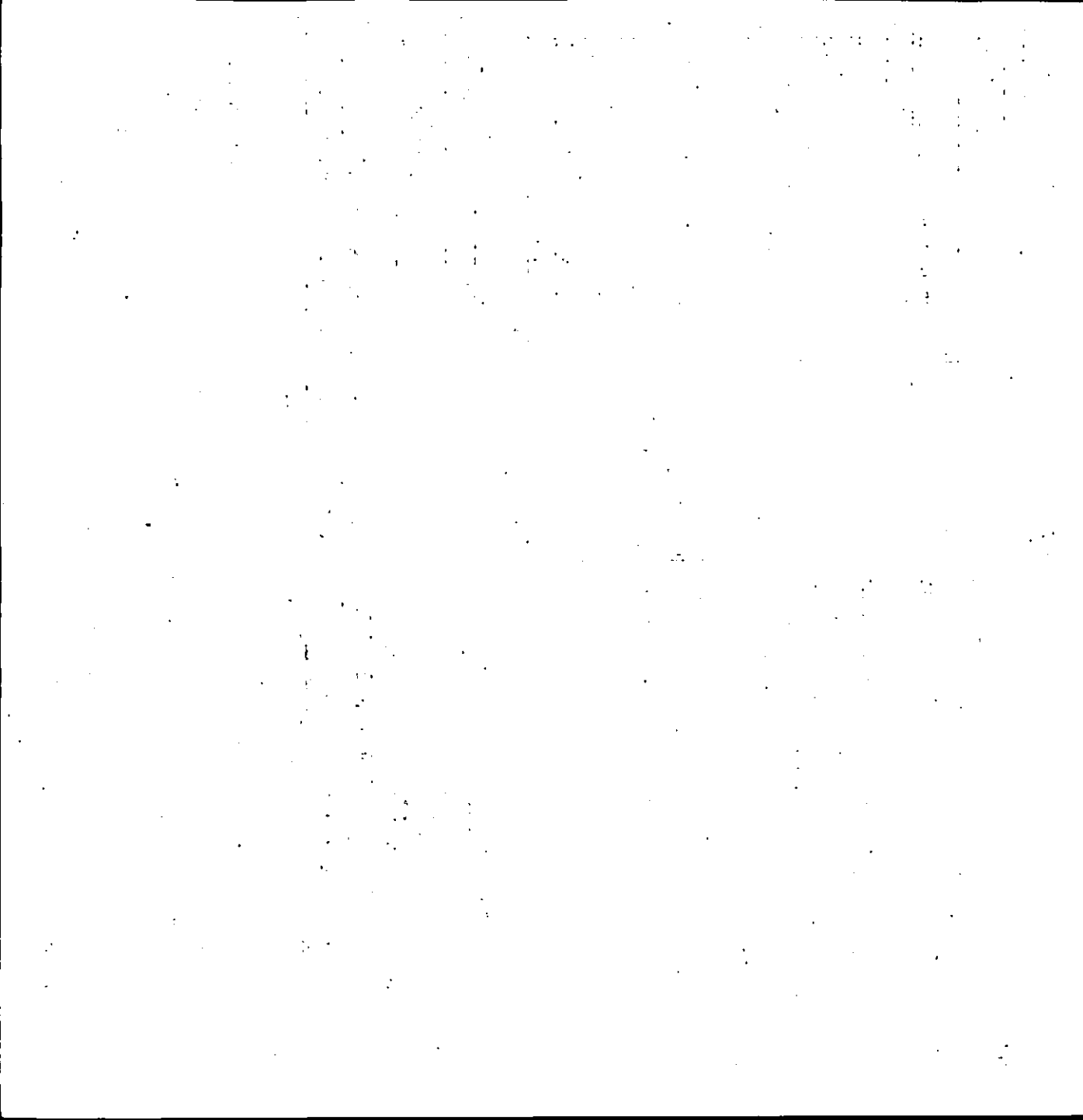
Other contributory causes of importance:
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Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? No
If so, specify _____
(Signed) R. D. Greene, M. D.
(Address) Richmond Mo



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CERTIFICATE OF DEATH**

ALL INFORMATION GATHERED
FOR MUST BE WRITTEN
THIS SUPPLEMENTARY

1. PLACE OF DEATH

County Ray Registration District No. 744
Township _____ Primary Registration District No. 3035
City Richmond (No. _____) St. _____ Ward _____

2. FULL NAME

Martin Luther Ball

(a) Residence, No. _____ St., _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-11-1936

7. AGE YEARS 79 MONTHS _____ DAYS _____ If LESS than 1 yr. _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED 1-11 1936 E. E. Day Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Bright's Disease Date of onset _____

chronic

Other contributory causes of importance: _____

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? _____

If so, specify _____

(Signed) L. O. Greene, M. D.

(Address) Richmond

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