

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.

SEP 26 1932

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

Do not use this space.

27163

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94 1. PLACE OF DEATH
County St. Francois Registration District No. 114
Township " " " Primary Registration District No. 60180
City Easton (No. _____) St. _____ Ward _____

2. FULL NAME Jerry Earl 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 (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

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) Flat River, Mo.

13. NAME Jerry B. Ball

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

15. MAIDEN NAME Susie Griffin

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

17. INFORMANT (ADDRESS) Jerry B. Ball Easton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem Church Aug 3 1932

19. UNDERTAKER (ADDRESS) Caldwell Bros

20. FILED 8-31-1932 W. J. Bryan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 1 - 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, about 10 P.M.

The principal cause of death and related causes of importance were as follows:
Knife wounds inflicted by Royd Mc. worthy, felonious & unaiding. Date of onset _____
(Coroner's Verdict)

Other contributory causes of importance: _____

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Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 8-1-1932
Where did injury occur? Easton Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at public dance
Manner of injury stab wound in neck & chest
Nature of injury same

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) R. B. Hester, Coroner M. D.
(Address) Deloye Mo.

