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

Do not use this space.

16095

1. PLACE OF DEATH

County ..... Registration District No. 79T

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. 1467a S. Vandeventer Ave St. ..... Ward)

File No. ..... Registered No. 4127

2. FULL NAME Effie G. Ball

(a) Residence. No. 1467a S Vandeventer St., 18 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Sing

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 8-1928

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
—	4	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(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) St Louis Mo

PARENTS

10. NAME OF FATHER: Odis Ball

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

12. MAIDEN NAME OF MOTHER: Rosalie Kidwell

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

14. INFORMANT: Odis Ball
(Address) 1467a S Vandeventer Ave

15. FILED 7 1929 Max C. Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 7th 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr 6, 1929, to Apr 7, 1929, that I last saw her alive on Apr 6, 1929, and that death occurred, on the date stated above, at 6:45A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastro-Enteritis

119B

158

113B

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Marasmus

(duration) ..... yrs. 4 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W Antoine Hall, M. D

Apr 7, 1929 (Address) 1625 Tower Grove Av

*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: Portageville Mo

DATE OF BURIAL: Apr 8- 1929

20. UNDERTAKER: Wm Combruster Mrs Co. 4234 Manchester

ADDRESS