JUN 27 1930

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

Do not use this space.

20547

~~20645~~

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township [redacted] — Primary Registration District No. 6249 B, — Registered No. 180

City Jefferson Barracks, Mo. U.S. Veterans Hospital, Jefferson Brks, Mo. Ward)

2. FULL NAME William N. Ball.

(a) Residence. No. RFD. #1. E. Carondelet, Ills. Ward. (If nonresident give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male.	White.	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Catherine Ball

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 28, 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
	42	2	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Chauffeur.
(b) General nature of industry, business, or establishment in which employed (or employer) Unavailable.
(c) Name of employer Unavailable.

9. BIRTHPLACE (CITY OR TOWN) Chicago,
(STATE OR COUNTRY) Illinois.

PARENTS

10. NAME OF FATHER Unavailable.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Unavailable.
12. MAIDEN NAME OF MOTHER Unavailable.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Unavailable.

14. INFORMANT E. T. Gallagher
(Address) E. T. Gallagher, Acting Clinical Director, U.S. Veterans Hospital, Jefferson Barracks, Mo.

15. FILED 6/9, 1930 L. C. Abrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7, 1930 19

17. I HEREBY CERTIFY, That I attended deceased from June 5, 1930, 19, to June 7, 1930, 19, that I last saw him alive on June 7, 1930, 19, and that death occurred, on the date stated above, at 5:40 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Malaria, tertian, very severe.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Entercolitis, acute, type undetermined.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown.
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical, X-Ray & Laboratory findings.

(Signed) C. H. Smith, Medical Officer In Temporary Charge. U.S. Veterans' Hospital, Jefferson Barracks, Mo. M.D.

6/9, 1930 (Address)

*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
National Cemetery	6/10 1930

20. UNDERTAKER	ADDRESS
C. Hoffmeister & Co	7814 S Broadway

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.