

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

12395

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

1. PLACE OF DEATH  
County Muhlenberg  
Vot. Pct. Hillside  
Inc. Town \_\_\_\_\_  
City \_\_\_\_\_

Registration District No. 6843  
Primary Registration District No. \_\_\_\_\_

(No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Charlesmanuel 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>Male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>married</u>
6a. If married, widowed, or divorced (or) WIFE of <u>Wynema Ball</u>		
6. DATE OF BIRTH <u>May 10 1908</u>		
7. AGE Years <u>25</u> Months _____ Days <u>19</u>	If LESS than 1 day ..... hrs. or ..... min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>		
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____
12. BIRTHPLACE <u>Muhlenberg Co</u>		
13. NAME <u>Bill Ball</u>		
14. BIRTHPLACE <u>Butler Co Ky</u>		
15. MAIDEN NAME <u>Rainey Mauldin</u>		
16. BIRTHPLACE <u>Granson Co Ky</u>		
17. INFORMANT <u>John R. Philpott</u> (Address) _____		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Eanes Bldg</u> Date <u>5-19</u> , 19 <u>33</u>		
19. UNDERTAKER <u>O. P. Roark</u> (Address) <u>Greenville Ky</u>		
20. FILED <u>5-19</u> , 19 <u>33</u> <u>C. B. Woodburn</u> , Registrar, By <u>H. W. H.</u>		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 18, 1933  
22. I HEREBY CERTIFY, That I attended deceased from  
May 17, 1933 to May 17, 1933  
I last saw him alive on May 17, 1933, death is said  
to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance  
in order of onset were as follows:

Typhoid Fever

Contributory causes of importance not related to  
principal cause:

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) J. C. Woodburn, M. D.  
(Address) Greenville Ky

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING