

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

14179

PLACE OF DEATH

County Franklin

Vet. Pot.

Registration Serial No. 878

File No. ....

Ino. Town

Central City, Ky.

Primary Registration District No. 2435

Registered No. 15

City

(No. .... St., .... Ward)

FULL NAME Terse D. Ball

[If death occurred in a hospital or institution, give its NAME (instead of street and number.)]

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3 SEX M 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)

16 DATE OF DEATH 6-11-1922  
(Month) (Day) (Year)

6 DATE OF BIRTH Oct 30 1888  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 4-3, 1922, to 6-11, 1922, that I last saw him alive on 6-11, 1922, and that death occurred on the date stated above at 2 1/2 m. The CAUSE OF DEATH\* was as follows:  
Septicemia

7 AGE 34 yrs. 7 mos. 10 ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work H. Keeper  
(b) General nature of industry business or establishment in which employed (or employer)

(Duration) ... yrs. ... mos. 10 ds.

9 BIRTHPLACE (State or country) Ohio County Ky.

Contributory (SECONDARY) Septicemia

**PARENTS**

10 NAME OF FATHER Henry Withrow

(Duration) ... yrs. ... mos. 10 ds.

11 BIRTHPLACE OF FATHER (State or country) Ohio Co. Ky.

(Signed) T. H. Foley, M. D.

12 MAIDEN NAME OF MOTHER Dora Bullock

4-3, 1922 (Address) Central City, Ky.

13 BIRTHPLACE OF MOTHER (State or country) Ohio Co. Ky.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) .....

19 PLACE OF BURIAL OR REMOVAL Kross DATE OF BURIAL 6-12, 1922

15 (Address) Terse D. Ball  
Central City, Ky.  
Filed 6/11, 1922 Registrar Martin Massey

20 UNDERTAKER Martin Massey ADDRESS Central City, Ky.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

No. 2.-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. Most statements of OCCUPATION is very important. See instructions on back of certificate.