FORM V S 1-500M 2-29-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1883 changed to Ohio Co

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. 16

Registration District No.

File No.

Inc. Town

Primary Registration District No.

Registered No. 5

City

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

2 FULL NAME Lennie Ball

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Single

6 DATE OF BIRTH Feb. 9, 1906 (Month) (Day) (Year)

7 AGE 12 yrs. 3 mos. 26 ds.

IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Ky.

PARENTS

10 NAME OF FATHER W. W. Ball

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER Cellie Long

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) D. L. Ball,

(Address) Moreau, Ky.

15

Filed 6-5-1918 Wm. O. G. Bowden REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 5, 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 6-3-, 1918, to 6-5-, 1918, that I last saw her alive on 6-5-, 1918, and that death occurred on the date stated above at 8 A.m. The CAUSE OF DEATH* was as follows:

Appendicitis

(Duration) ... yrs. ... mos. 3 ds.

Contributory (SECONDARY)

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

(Signed) A. O. Bowden, M. D.

6-5-, 1918 (Address) Moreau 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. In the State ... yrs. ... mos. ... ds.

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

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Worey Bdg.

DATE OF BURIAL 6-6-, 1918

20 UNDERTAKER M. Moore

ADDRESS C. City

11—3184

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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. See instructions on back of certificate.