

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHFile No. **7650**

## 1 PLACE OF DEATH

County MullensburgVot. Pct. HillsideRegistration District No. 0906842

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

Inc. Town \_\_\_\_\_

Primary Registration District No. XXY

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

City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2 FULL NAME Lou Ann Ball

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 Single Married <u>married</u> Widowed or Divorced (Write the word)
6 DATE OF BIRTH <u>Jan 15, 1925</u> (Month) (Day) (Year)		
7 AGE <u>37</u> yrs. <u>1</u> mos. <u>21</u> ds.		IF LESS than 1 day _____ hrs. or _____ min?
8 OCCUPATION (a) Trade, profession or particular kind of work. <u>House Wife</u> (b) General nature of industry, business or establishment in which employed (or employer).		
9 BIRTHPLACE (State or country) <u>Mullensburg Co</u>		

PARENTS	10 NAME OF FATHER <u>Bingman Ball</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Tenn</u>
	12 MAIDEN NAME OF MOTHER <u>Margaret Adams</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>Mullensburg Co</u>
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Ed. Ball</u> (Address) <u>Hillside 144</u>	

15 Filled <u>2/1/25</u> , 192 <u>5</u>	<u>C. Buxey</u> Registrar
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## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH <u>March 6, 1925</u> (Month) (Day) (Year)
17 HERESY CERTIFY, That I attended deceased from <u>Jan 27, 1925</u> to <u>March 6, 1925</u> , that I last saw her alive on <u>March 6, 1925</u> , and that death occurred on the date stated above at <u>1:30 p.m.</u>
The CAUSE OF DEATH* was as follows: <u>Pulmonary Tuberculosis</u> (Duration) <u>20</u> yrs. _____ mos. _____ ds.
Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) <u>W. M. McNeil</u> M. D. <u>Feb 7, 1925</u> (Address) <u>Franklin City Tenn</u>

*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 <u>Morris Bldg</u>
DATE OF BURIAL <u>Feb 7, 1925</u>
20 UNDERTAKER <u>M B McDonald</u>
ADDRESS <u>Greenwell</u>

WRITE PLAINLY, IN 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.

MARKED RESERVED FOR BUSINESS