

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

13078

1 PLACE OF DEATH

County Washington

Vet. Pct. SEF

Registration District No. 1094

File No. _____

Registered No. 201

Inc. Town _____

Primary Registration District No. 6842

City _____

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

2 FULL NAME Major P. 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 Male 4 COLOR OR RACE White 5 Single widowed
Married
Widowed
or Divorced
(Write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH 8 26 1877
(Month) (Day) (Year)

7 AGE 77 yrs. 7 mos. 27 ds. IF LESS than 1 day _____ hrs. or _____ min?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Warrior
(b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (city or town) Kentucky
(State or country)

PARENTS
10 NAME OF FATHER Green Ball
11 BIRTHPLACE OF FATHER (city or town) Tennessee
(State or country)
12 MAIDEN NAME OF MOTHER Abby Brewer
13 BIRTHPLACE OF MOTHER (city or town) Tennessee
(State or country)

14 (Informant) Bessie Ball
(Address) Coleton 79

15 Filed Apr 20, 1929 Vernie Thomas
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4 18 1929
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 1926, 1926 to 11/18, 1929 that I last saw him alive on 3/26, 1929 and that death occurred on the date stated above at 9:12 m. The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs
(Duration) ? yrs. _____ mos. _____ ds.

Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.

18 IS WHERE WAS DISEASE CONTRACTED
If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) C. D. Williams, M. D.
4/18, 1929 (Address) Coleton 79

*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. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Brownsville 19 4/19 1929

20 UNDERTAKER ADDRESS

J. L. Thomas Coleton 79

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
M. 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 certifi-
MARGE ENLARGED FOR INDEXING