

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

1 PLACE OF DEATH

County MuhlenburgVol. Pat. Cook's RegisterInc. Town Central City

City _____ (No. _____ St. _____ Ward _____)

Registration District No. 170Primary Registration Dist. No. 8422File No. 5060Registered No. 10

(If death occurred in a hospital or institution give its name, location, and street and number.)

2 FULL NAME Marguerite Ball

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Sept 25 1874
(Month) (Day) (Year)

7 AGE 40 yrs. 5 mos. 5 ds. If LESS than 1 day ____ hrs. or ____ min.?

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

9 BIRTHPLACE (State or country) Muhlenburg Co. Ky.

10 NAME OF FATHER M. P. Ball

11 BIRTHPLACE OF FATHER (State or country) Muhlenburg Co.

12 MAIDEN NAME OF MOTHER Sarah Bowler

13 BIRTHPLACE OF MOTHER (State or country) N.C.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Adie J. Jorgins(Address) Central City Ky.15 Filed Feb. 26, 1915 Dr. L. Blandford

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 26 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 25 1914, to Feb 26 1915, that I last saw her alive on Jan 22 1915, and that death occurred, on the date stated above, at 7 A.M.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Bowels
V.
(Duration) ____ yrs. 2 mos. ____ ds.

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

(Signed) Clarence Howard Brown, M. D.
Feb 26, 1915 (Address) Central City, Ky.

*State the DISEASE CAUSING DEATH, or, in death 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 St. Mary's Church, Central City, Ky. DATE OF BURIAL Feb 27 1915

20 UNDERTAKER Marion Meade ADDRESS Central City