

MAKING KEYS FOR INDEXING

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.

Form V. S. 1—50m—4-17-23

1 PLACE OF DEATH

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

File No. 2004168
Registered No. 68

County Madison Registration District No. 1087
 Vol. Pat. _____ Primary Registration District No. 2P35
 Inc. Town Central City (No. _____ St., _____ Ward)
 City _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary M. 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 Female **4 COLOR OR RACE** white **5 Single** Married
 Married Widowed or Divorced (Write the word)
6 If married, widowed, or divorced Married
HUSBAND of
(or) WIFE of _____
7 DATE OF BIRTH Nov 11th 1854
 (Month) (Day) (Year)
7 AGE 74 yrs. 8 mos. 20 ds. **IF LESS than 1**
 day _____ hrs. or _____ min?
8 OCCUPATION OF DECEASED
 (a) Trade, profession or particular kind of work Housewife
 (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 James W. Ball
11 BIRTHPLACE OF FATHER (city or town) West Virginia
 (State or county)
12 MAIDEN NAME OF MOTHER Elizabeth Hart
13 BIRTHPLACE OF MOTHER (city or town) West Virginia
 (State or country)

14 (Informant) Mary M. Ball
 (Address) Central City, Ky

15 Filed Aug 1, 1922
L. B. [Signature]
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 31st 1922
 (Month) (Day) (Year)
17 I HEREBY CERTIFY, that I attended deceased
 from Jan 21, 1922, to July 31, 1922,
 that I last saw him alive on July 11, 1922,
 and that death occurred on the date stated above at 9:00 a.m.
The CAUSE OF DEATH* was as follows:
Nystitis
 (Duration) 2 yrs. mos. _____ ds.
Contributory (Secondary) Pyelitis
 (Duration) _____ yrs. _____ mos. _____ ds.

18 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) R. B. [Signature] M. D.
July 1, 1922 (Address) Central City, Ky
 *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 Gate Cemetery **DATE OF BURIAL** 8/1/1922
20 UNDERTAKER H. J. Anderson **ADDRESS** Central City, Ky