

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

Department of Health
BUREAU OF VITAL STATISTICS

FILE NO. 116

REGISTRAR'S NO. 255

CERTIFICATE OF DEATH

Registration District No. 1085

Primary Registration District No. 2436

1. PLACE OF DEATH a. COUNTY <u>Muhlenberg</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ky.</u> b. COUNTY <u>Muhlenberg</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Greenville</u>		c. LENGTH OF STAY (In this place) <u>01</u> (days)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Central City</u>		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Community Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Patricia</u> b. (Middle) <u>Ann</u> c. (Last) <u>Ball</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 5-51</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>10-25-51</u>	9. AGE (In years last birthday) <u>—</u>	If Under 1 Year Months <u>—</u> Days <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>— 00</u>	11. BIRTHPLACE (State or foreign country) <u>Greenville, Ky.</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>John Wesley Ball</u>			14. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Byers</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT <u>Mrs. Mary Byers</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Branchopneumonitis</u>				<u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Extreme malnutrition</u>				<u>8 days</u>
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acidosis, injury to Uterus & bladder, injury to Dr. Puerperium</u>				<u>2 days</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7720-134-28</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>10-16</u> , 19 <u>51</u> , to <u>11-5</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-5</u> , 19 <u>51</u> , and that death occurred at <u>10:30 P. m.</u> , from the causes and on the date stated above.					
23a. DATE SIGNED <u>11-14-51</u>	23b. ADDRESS <u>Central City, Ky.</u>		23c. SIGNATURE, (Degree or title) <u>R. Egan, M.D.</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>11-7-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jagoes Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Muhlenberg Co., Ky.</u>		
25a. DATE REC'D BY LOCAL REG. <u>11-16-51</u>	25b. REGISTRAR'S SIGNATURE <u>Marjorie Egan</u>	25c. FUNERAL DIRECTOR ADDRESS <u>Anderson Funeral Home Central City, Ky.</u>			

M. J. Egan
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