

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. 13County MartinVet. Pat. NelsonRegistration District No. 1092

Registered No. _____

Inc. Town _____

Primary Registration District No. 19

City _____

(No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Raymond 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 Single
Married
Widowed
or Divorced
(Write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6 DATE OF BIRTH May 8, 1991
(Month) (Day) (Year)7 AGE 40 yrs. 3 mos. 19 ds. IF LESS than 1
day _____ hrs.
or _____ min?8 OCCUPATION OF DECEASED
(a) Trade, profession or
particular kind of work Miner
(b) General nature of industry,
business or establishment in
which employed (or employer) _____9 BIRTHPLACE (city or town) Ky.
(State or country)PARENTS
10 NAME OF FATHER Cash Ball
11 BIRTHPLACE OF FATHER (city or town) Ky.
(State or country)
12 MAIDEN NAME OF MOTHER Martha Ball
13 BIRTHPLACE OF MOTHER (city or town) Ky.
(State or country)14 (Informant) Cash Ball
(Address) Nelson Ky15 Filed 8/23, 1931. Don Davis
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 27, 1931
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from 8/22, 1931, to _____, 19____,
that I last saw him alive on 8/22, 1931,
and that death occurred on the date stated above at 11 P.M.
The CAUSE OF DEATH* was as follows:
Diagnosis: MI
mitral_____
(Duration) _____ yrs. _____ mos. 42 ds.Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.18 WHERE WAS DISEASE CONTRACTED?
If not at place of death? not known

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Philip D. Shover, M.D.
_____, 19____ (Address)

*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 Nelson DATE OF BURIAL 8-23, 193120 UNDERTAKER Arthur L. M... Central City Ky
ADDRESS _____

WRITE PLAINLY, WITH 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, and that it may be properly classified. Exact nature of OCCUPATION is very important. See instructions on back of certificate.

MAILED REGISTERED FOR RECORD