

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County *Washington*

Vet. Pot. *Nelson Ky* Registration District No. *1085*

Ino. Town..... Primary Registration District No. *19*

City..... (No. *10*)..... St.,..... Ward)

2 FULL NAME *Hallie M. Ball*

File No. *6*

Registered No.

(If death occurred in a hospital give the official number of the report and street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word) <i>Married</i>
6 DATE OF BIRTH <i>Feb. 5, 1878</i> (Month) (Day) (Year)		
7 AGE <i>47 yrs. 5 mos. 7 ds.</i>		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) <i>Home wife</i>		
9 BIRTHPLACE (State or country) <i>Kentucky</i>		
10 NAME OF FATHER <i>M. P. Ball</i>		
11 BIRTHPLACE OF FATHER (State or country) <i>Kentucky</i>		
12 MAIDEN NAME OF MOTHER <i>Hallie Balling</i>		
13 BIRTHPLACE OF MOTHER (State or country) <i>Kentucky</i>		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
July 6, 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Apr. 14, 1924*, to *July 5, 1924*, that I last saw him alive on *July 4, 1924*, and that death occurred on the date stated above at *12* m. The CAUSE OF DEATH* was as follows:

Apoplexy following child birth

(Duration)..... yrs. *3* mos..... ds.

Contributory *Tuberculosis of lungs*
(Duration)..... yrs. *6* mos..... ds.

(Signed) *Chas. W. Fisher*, M. D.
July 6, 1924 (Address) *Nelson, Ky.*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE CAUSES state NATURE OF INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAIN ASYLUMS OR RECENT RESIDENTS) in the State..... yrs..... mos..... ds.
A place of death..... yrs..... mos..... ds. State..... yrs..... mos..... ds.
Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL
Nelson cross

DATE OF BURIAL
July 6, 1924

20 UNDERTAKER
and

ADDRESS
Central City Ky

15 Filed *6*....., 1912*4*..... *Don. Fisher* REGISTRAR