

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

2079

County Anderson  
Vol. No. #3  
Inc. Town Central City  
City \_\_\_\_\_

Registration District No. 18  
Primary Registration District No. 18/35  
(No. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 104  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Sarah Anna Ball

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female  
2 COLOR OR RACE White  
3 Single  Married   
Widowed  or Divorced   
(Write the word)

4 DATE OF BIRTH Dec 10th 1853  
(Month) (Day) (Year)

7 AGE 70 yrs. - mos. - ds.  
IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

8 OCCUPATION  
(a) Trade, profession or particular kind of work None  
(b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (State or country) Kern

10 NAME OF FATHER Bill Bowling

11 BIRTHPLACE OF FATHER (State or country) Virginia

12 MAIDEN NAME OF MOTHER Anderson

13 BIRTHPLACE OF MOTHER (State or country) Anderson

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) B. H. Ball  
(Address) Central City

15 Filed 1/1 1924 A. L. Caulfield  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 10th 1923  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 6, 1922, to Dec 10, 1923, that I last saw him alive on Dec 10, 1923, and that death occurred on the date stated above at 3:30 m.

The CAUSE OF DEATH\* was as follows:  
Influenza  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Contributory Senility  
(Secondary) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) E. L. Galt, M. D.  
1211, 1923 (Address) Greenwell St

\*State the Disease Causing Death, or, in deaths 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 \_\_\_\_\_ 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 Nelson Ky  
DATE OF BURIAL Dec 10th 23

20 UNDERTAKER Eaburn Anderson  
ADDRESS Central City

N. B.—Every item of information should be carefully supplied. All deaths should be reported to the State Board of Health in plain type, so that it may be properly classified. This is very important. See instructions on back of certificate.