

Commonwealth of Kentucky
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

9689

1 PLACE OF DEATH
 County *Muhlenberg*
 Vol. No. *Nelson Ky* Registration District No. *1139* File No.
 Inc. Town Primary Registration District No. Registered No. *3*
 City (Name) (No.) (St.) (Ward)
 2 FULL NAME *Sadie Elizabeth Ball*

[If death occurred in a hospital or institution, give its NAME instead of 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>Apr. 3, 1894</i> (Month) (Day) (Year)		
7 AGE <i>22</i> yrs. <i>11</i> mos. <i>27</i> ds.		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>Housewife</i>		
9 BIRTHPLACE (State or country) <i>Muhlenberg Ky</i>		
10 PARENTS	10 NAME OF FATHER <i>Wm. Poister</i>	
	11 BIRTHPLACE OF FATHER (State or country) <i>Ky</i>	
	12 MAIDEN NAME OF MOTHER <i>Jennie Griffith</i>	
	13 BIRTHPLACE OF MOTHER (State or country) <i>Ky</i>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Nelson Ball*
Nelson Ky
 (Address) *Nelson Ky*

15 Filed *3/28/17* *St. Maple*
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *March 27th* 1917
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *Mar 22, 1917* to *Mar 27, 1917*, that I last saw her alive on *Mar 27, 1917*, and that death occurred on the date stated above at *118* form; The CAUSE OF DEATH was as follows:
Pneumoperitoneum
 (Duration) yrs. mos. *5* ds.

Contributory (Secondary) (Duration) yrs. mos. ds.
 (Signed) *Chas. W. Felt*, M. D.
3/27, 1917. (Address) *Nelson Ky*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDE.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At 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 CREMATION DATE OF BURIAL
Kirchelow's Bluff *3/28th, 1917*

20 UNDERTAKER ADDRESS
C. R. Reiser *Nelson Ky*