

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

25032

1. PLACE OF DEATH

County MiddleburgVot. Pat. Hillside

Ino. Town _____

City _____

Registration District No. 1087Primary Registration District No. 2435

File No. _____

Registered No. 130

(No. _____ St. _____ Ward _____)

2. FULL NAME William Ball (If death occurred in a hospital or institution, give its NAME instead of street and number)

(a) Residence. No. _____ St. _____ Ward _____ (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Widowed</u>
6a. If married, widowed, or divorced (or) WIFE of _____		
6. DATE OF BIRTH <u>1845</u>		
7. AGE Years <u>90</u>	Months _____	Days _____
		IF LESS than 1 day hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>		
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. 18, 193222. I HEREBY CERTIFY, That I attended deceased from 11-18, 1932 to 11-18, 1932I last saw him alive on 11-18, 1932, death is said to have occurred on the date stated above, at 5 P. M.. The principal cause of death and related causes of importance in order of onset were as follows:Arteriosclerosis

Date of onset

year
age

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? date of injury _____ 19____ Where did injury occur?

(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. P. Fitzhugh, M. D.(Address) Central City Ky

OCCUPATION

MOTHER (FATHER)

12. BIRTHPLACE <u>Don't know</u>
13. NAME " "
14. BIRTHPLACE " "
15. MAIDEN NAME " "
16. BIRTHPLACE " "
17. INFORMANT <u>Mrs. M. B. Conroy</u> (Address) <u>Hillside 144</u>
18. BURIAL, CREMATION, OR REMOVAL Place <u>Hope Park</u> Date <u>11-19</u> , 19 <u>32</u>
19. UNDERTAKER <u>M. B. M. Donald & Co</u> (Address) <u>Southside 134</u>
20. FILED <u>11-19</u> , 19 <u>32</u> <u>O. R. Blandford</u> Registrar

F. J. [unclear]

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully copied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it can be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.