

Commonwealth of Kentucky
 STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

5099

 PLACE OF DEATH
 Middlesboro

 County
 Harlan

Vol. No.

Registration District No. 491

File No.

Inc. Town

Primary Registration District No. 7136

Registered No.

City

No. St.

Ward) (If death occurred in a hospital, justify by giving its NAME instead of street and number.)

FULL NAME William Ball

PERSONAL AND STATISTICAL PARTICULARS

SEX Male	COLOR OR RACE White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed
DATE OF BIRTH 1915		
AGE 94		IF LESS than 1 day ... yrs. ... mos. ... ds. or ... min.?
OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business or establishment in which employed (or employer) Coal Miner		
BIRTHPLACE (State or country?)		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 24 1915 (Month) (Day) (Year)
I HEREBY CERTIFY, That I attended deceased from Dec 15, 1914, to July 23, 1915, that I last saw her alive on Feb 23, 1915, and that death occurred on the date stated above at 6 P.M. The CAUSE OF DEATH* was as follows: Prostatitis
(Duration) ... yrs. ... mos. ... ds. Contributory (SECONDARY) ... (Duration) ... yrs. ... mos. ... ds. (Signed) T. J. Slaton M. D. 725 (Address) Greenville Ky.

10 NAME OF FATHER

 11 BIRTHPLACE OF FATHER
(State or country?)

12 MAIDEN NAME OF MOTHER

 13 BIRTHPLACE OF MOTHER
(State or country?)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

 (Informant) J. W. Briggs
 (Address) Harlan, Ky.

 15 Filed 2/25, 1915 L. B. Wickliffe
 Registrar

 (Signed) T. J. Slaton M. D.
 725 (Address) Greenville Ky.

*STATE THE DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSFERS OR RECENT RESIDENCE)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

17 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Mud River, Ky 2/26, 1915

 18 ADDRESS OF BURIAL PLACE
 L. R. Roark Greenville, Ky