

A DEAD BODY BURIED WITHOUT A PERMIT SHALL BE DISINTERRED AND INQUEST HELD.
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
 all near CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying
 away from home should be given in every instance.

PLACE OF DEATH County of <u>Morgan</u> Township of <u>Jefferson</u> Town of _____ or City of _____ (No. _____ St. _____ Ward _____)		Indiana State Board of Health CERTIFICATE OF DEATH Registered No. <u>26086</u> 80	
(If death occurs away from USUAL RESIDENCE the facts called for under "Special Information.") FULL NAME <u>Howard Ball</u>		(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS SEX <u>Male</u> COLOR OR RACE <u>White</u> SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Divorced</u> (If "Widowed" or "Divorced" give the month)		CORONER'S CERTIFICATE OF DEATH DATE OF DEATH <u>August 1st 1931</u> (Month) (Day) (Year)	
NAME OF HUSBAND OR WIFE (if deceased) _____ DATE OF BIRTH (if deceased) <u>Jan. 29 1893</u> (Month) (Day) (Year)		I HEREBY CERTIFY, that I took charge of the remains described above, held an <u>inquest</u> thereon and from the evidence obtained by said <u>inquest</u> find that said deceased came to <u>this</u> death on the day stated above, at <u>5:20 P.M.</u>	
AGE <u>38</u> years, <u>6</u> months, <u>2</u> days (If LESS than 1 day, give hrs. or min.)		The CAUSE OF DEATH* was as follows: <u>Killed when the car in which he was riding was struck by R.R. train - Sudden.</u>	
OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which he played (or was playing). <u>Farmer</u>		Contributory (SECONDARY) <u>1750</u> (Duration) _____ yrs. _____ mos. _____ ds.	
PLACE OF DECEASED (State or country) <u>Morgan Co. Ind.</u>		(Signed) <u>J. H. McNeill</u> M. D. (CORONER OR ADJUDICATOR'S PHYSICIAN) <u>Aug 2nd 1931</u> (Address) <u>Morgan Co. Ind.</u>	
NAME OF FATHER <u>Alfred Ball</u> BIRTHPLACE* OF FATHER <u>Indiana</u>		* For the Bureau of Census, U. S. Dept. of Commerce, Bureau of Vital Statistics, in state (1) MANS' INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.	
MOTHER'S NAME <u>Emma Moore</u> BIRTHPLACE* OF MOTHER <u>Indiana</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAININGS 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?) <u>Accident 3 miles West Martinsville</u> Former or Usual Residence <u>Morgan Co. Ind.</u>	
WERE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (If false in any way give cause.) (Informant) <u>Ernest Ball</u> (Address) <u>Martinsville R# 6</u>		PLACE OF BURIAL OR REMOVAL <u>Foster</u> DATE OF BURIAL <u>Aug 3 1931</u>	
FILED <u>Aug 2 1931</u> <u>Jesse W. Cure</u> Name and Address of Health Officer or Deputy		UNDERTAKER <u>Cure & Hensley</u> WAS THE BODY EMBALMED? <u>yes</u> ADDRESS <u>Martinsville</u> EMBALMER'S LICENSE No. <u>1914</u>	