

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2730

7
E OF DEATH
AND
L RESIDENCE
9441

1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 19 yrs IN ARIZONA 19 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa	
C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Phoenix <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION Schmid's Haven of Rest				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 351 North 5th Avenue	

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PRECEDENT
PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Melvin B. (MIDDLE) Glover C. (LAST) BALL			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	
6B. NAME OF SPOUSE *****		7. DATE OF BIRTH MONTH Aug DAY 12 YEAR 1872	B. AGE (IN YEARS LAST BIRTHDAY) 83	IF UNDER 1 YEAR MONTHS _____ DAYS _____	IF UNDER 24 HRS. HOURS _____ MIN. _____	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Retired-Cabinet Maker
9B. KIND OF BUSINESS OR INDUSTRY *****	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Madison, Wisc.	11. CITIZEN OF WHAT COUNTRY? U. S. A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No	13. SOCIAL SECURITY NO. None		
14A. FATHER'S NAME Dr. James Ball		14B. BIRTHPLACE (STATE OR COUNTRY) Wisconsin	15A. MOTHER'S MAIDEN NAME Martha Fisher		15B. BIRTHPLACE (STATE OR COUNTRY) Wisconsin	
16. INFORMANT'S SIGNATURE Harold Ball, 8316 Vista Del Rosa, Rivera, Cal.			17. DATE OF DEATH (MONTH) (DAY) (YEAR) December 5 1955			

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155

CAUSE OF DEATH
ITEM 18) 0

18. CAUSE OF DEATH ENTER ONE CAUSE PER LINE FOR (A), (B), OR (C). † THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH† DUE TO (A) Chronic Cardiac Failure DUE TO (B) Arteriovascular Heart Disease DUE TO (C)		
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			

OPERATIONS, AUTOPSY 4

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 5, 1955 , TO Dec 5, 1955 , THAT I LAST SAW THE DECEASED ALIVE ON Dec 4, 1955 , AND THAT DEATH OCCURRED AT 9:10 P.M. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
22A. SIGNATURE Bruce D. Hart M.D.	22B. ADDRESS 1615 East Montecito	22C. DATE SIGNED Dec 7-55

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT (SPECIFY) SUICIDE	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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GENERAL DIRECTOR AND REGISTRAR 85 2 119

25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE Dec. 7, 1955	25C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial Park	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona
26A. DATE REC. BY LOCAL REG. 12/7/55	26B. REGISTRAR'S SIGNATURE Bulah Johnston	27A. FUNERAL DIRECTOR'S SIGNATURE H. K. Murphy	27B. ADDRESS 330 N. 2nd Ave.