

UGT 25 1927

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

26832

1. PLACE OF DEATH

County Cole

Registration District No. 214

Township Jefferson

Primary Registration District No. \_\_\_\_\_

City \_\_\_\_\_ (No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. 21

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Catherine Balven

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
77 6 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Cole County  
(STATE OR COUNTRY)

10. NAME OF FATHER John Balven

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Margaret Odel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ind.  
(STATE OR COUNTRY)

14. Robert Wyrick  
(Address) Jefferson City Mo

15. FILED Sept 27 1927 Hugh L. Dallas  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 1 1927

17. I HEREBY CERTIFY, That I attended deceased from not attended by a physician for several years being invald for 50 yrs and that death occurred on the date stated above at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

From symptoms as given  
Cancer of Stomach

(duration) 3 yrs. mos. da.  
CONTRIBUTORY (SECONDARY) 44 (duration) yrs. mos. da.

18. WHERE AS DISEASE CONTRACTED 44  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS W. L. Leslie M. D.

(Signed) W. L. Leslie M. D. Sept 27 1927 (Address) Russellville Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Russellville Cath. Cem. DATE OF BURIAL Sept 3 1927

20. UNDERTAKER H. N. Steffens ADDRESS Russellville Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state their names as carefully supplied.

2

1

.

1