

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

Do not use this space.

30799

1. PLACE OF DEATH

County Leclide Registration District No. 453
Township Lebanon Primary Registration District No. 6719
City Lebanon (No.) St. Ward

File No.
Registered No.

2. FULL NAME

Frank F. Balcom

(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5 1862

7. AGE YEARS 65 MONTHS 5 DAYS 18 IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Chicago N. Y.

PARENTS

10. NAME OF FATHER Stephen H. Balcom

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

12. MAIDEN NAME OF MOTHER Emilia Meeker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Chicago N. Y.

14. INFORMANT Alfred E. Balcom
(Address) Southard 720

15. FILED 10.29/19.27 G. D. Hartley
REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/23 19 27

17. I HEREBY CERTIFY, That I attended deceased from , 1927, to , 1927, that I last saw h. alive on , 1927, and that death occurred, on the date stated above, at about 4:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Disease of Heart

900 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Examination & Observation

(Signed) S. A. Palmer COM. B.

, 19 27 (Address) Lebanon 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 Mr. Carney DATE OF BURIAL 10/24 19 27

20. UNDERTAKER S. A. Palmer ADDRESS Lebanon

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1927

