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

Do not use this space.

31136

1. PLACE OF DEATH

County: Perry — Registration District No.: 659 — File No.: 25

Township: Longe Haver — Primary Registration District No.: 5876 — Registered No.: 25

City: ~~Biehle~~ (No. ..... St. ..... Ward)

2. FULL NAME Martina Clara Balsman

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 16 — 27

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Biehle
(STATE OR COUNTRY) Perry Co. Mo

PARENTS

10. NAME OF FATHER Wm. Balsman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Perry Co Mo
12. MAIDEN NAME OF MOTHER Emma Kirn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Perry Co Mo

14. INFORMANT Wm. Balsman
(Address) Biehle Mo.

15. FILED Oct 23 1927 Martin Moeckel.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10 — 22 1927

17. I HEREBY CERTIFY, That I attended deceased from 10 — 14, 1927, to 10 — 22, 1927, that I last saw h. ..... alive on 10 — 22, 1927, and that death occurred, on the date stated above, at 5 — 45 — P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Spinal Meningitis
non cerebrospinal
79A
(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Dentition
(duration) ..... yrs. ..... mos. 30 ds.

710

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) L. L. Feltz, M. D
, 19 (Address) Perryville 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	DATE OF BURIAL
Biehle	Oct 24 1927
20. UNDERTAKER	**ADDRESS**
Zoellner & Young	Perryville Mo

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.