21 1928

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

Do not use this space.

33220

1. PLACE OF DEATH
County Dunklin — Registration District No. 290 — File No.
Township Balem — Primary Registration District No. 5408 — Registered No. 56
City (No. St. Ward)

2. FULL NAME Cametela Balin

(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.

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.

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) Feb. 3 1927

7. AGE: Years 1 — Months 8 — Days 17 — If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Sunath, Mo

PARENTS
10. NAME OF FATHER W. F. Balin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Near Cardwell, Mo
12. MAIDEN NAME OF MOTHER Maggie Pence
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ark

14. INFORMANT W. F. Balin (Address) Sunath Mo

15. FILED 11-1, 1928 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 21 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1928, to Oct. 21, 1928, that I last saw her alive on Oct. 15, 1928, and that death occurred, on the date stated above, at 1:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malaria
(duration) yrs. 1 mos. 10 ds.
CONTRIBUTORY (SECONDARY) Malnutrition
(duration) yrs. mos. 14 ds.

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) [signature], M. D.
, 19 (Address) Sunath 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: McGrew Cemetery — DATE OF BURIAL: 10-21 1928

20. UNDERTAKER: McDaniel Fun Co. — ADDRESS: Sunath, Mo