

N 21 1929

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

Do not use this space.

39402

1. PLACE OF DEATH  
 County Benton Registration District No. 59  
 Township Williams Primary Registration District No. 4034  
 City Cole Camp (No. ....) St. .... Ward (....)

2. FULL NAME Christiana Balke  
 (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.

File No. ....  
 Registered No. 42

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) 3-10-1872

7. AGE 56 YEARS 8 MONTHS 29 DAYS If LESS than 1 day, .... hrs. or .... min.

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) ..... (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Henry Balke

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

12. MAIDEN NAME OF MOTHER Catherine Balke

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

14. INFORMANT August Balke (Address) Cole Camp Mo

15. FILED Jan 1, 1929 Harry Bay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-9-28 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1928, to Dec 9, 1928 that I last saw her alive on Dec 9, 1928, and that death occurred, on the date stated above, at 2:00 P.M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Influenza  
 (duration) yrs. mos. 6 da.

CONTRIBUTORY (SECONDARY) HB (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) Harry Bay, M. D.  
Dec 10, 1928 (Address) Cole Camp, Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mehrtons Chapel DATE OF BURIAL 12-11 1928

20. UNDERTAKER E L Eckhoff ADDRESS Cole Camp, Mo

