

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

Do not use this space.

2861

**1. PLACE OF DEATH**

County Pelliss  
Towship Adalia  
City Adalia (No. ....)

Registration District No. 668  
Primary Registration District No. 3032

File No. ....  
Registered No. 7  
St. .... Ward)

**2. FULL NAME**

Mary Agness Balch  
(a) Residence. No. 710 West 4th St., 3 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. .... mos. .... ds. How long in U.S., if of foreign birth? .... yrs. .... mos. .... ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 6 - 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
48 2 1

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER John Wood

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

12. MAIDEN NAME OF MOTHER Orlish Shaw

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

14. INFORMANT M H Balch  
(Address) Adalia Mo

15. FILED 1-12-1929 J. L. Love  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 7 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 3, 1929, to Jan 7, 1929, that I last saw him alive on Jan 5, 1929, and that death occurred, on the date stated above, at Adalia, Mo

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Valerian Disease of Heart  
(Mildly regurgitant)  
(duration) .... yrs. .... mos. .... ds.  
CONTRIBUTORY (SECONDARY) Pharyngeal Infection  
(acute) (duration) 1 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED Place of death  
AT PLACE OF DEATH? no DATE OF Jan 10, 1929  
DID AN OPERATION PRECEDE DEATH? no  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) Phred B. Long, M. D.

\*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 Adalia Mo DATE OF BURIAL 1/19 1928

20. UNDERTAKER McLaughlin Bros ADDRESS Adalia

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.

