

DEC 18 1929

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

Do not use this space.

32911

1. PLACE OF DEATH

County Barnes
Township Burns
City St. Catharines

Registration District No. 31
Primary Registration District No. 4022

File No. _____
Registered No. 24
St. _____ Ward) _____

2. FULL NAME

Catharine Balman

(a) Residence. No. _____ St. _____ Ward. _____
(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 3 -
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Balman.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 3 - 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
50 10 18

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Monett
(STATE OR COUNTRY) mo.

10. NAME OF FATHER David Cardin

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

12. MAIDEN NAME OF MOTHER Carina

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

14. INFORMANT John Balman.
(Address) Purdy mo.

15. FILED 12-10-29 Mattie Blumens
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 21 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov _____, 1928, to Oct 21, 1929.
that I last saw h. _____ alive on _____, 19 _____, and that death occurred, on the date stated above, at 11 - P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Respect of a Paralytic stroke followed by softening of Brain
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Stroke
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRIBUTED
IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) T. B. Healey, M. D.
12-10-1929 (Address) Purdy mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Waldensan
DATE OF BURIAL Oct. 23, 1929

20. UNDERTAKER B. Blumenship
ADDRESS Purdy

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.

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

