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

Do not use this space.

33668

File No. 4114
Registered No.

**1. PLACE OF DEATH**

County: Jackson — Registration District No. 399
Township: Kaw — Primary Registration District No. 1002
City: Kansas City (No. 6119 Brookside Blvd. St. ..... Ward)

**2. FULL NAME** William C. Baltis

(a) Residence. No. 6119 Brookside Blvd. 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.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Married |

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Shirley Hooper Baltis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 2, 1906

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 23 | 7 | 0 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Architect
(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

PARENTS
10. NAME OF FATHER Gary Baltis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Utica
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Della E. Houk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Detroit
(STATE OR COUNTRY) Michigan

14. INFORMANT Howard C. Baltis
(Address) 2501 East 43rd St

15. FILED 10/3 1929 M. M. Evans
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 2, 1929

17. I HEREBY CERTIFY, That I attended deceased from 9/15/29, 19..., to 10/2/29, 19..., that I last saw him alive on 10/1/29, 19..., and that death occurred, on the date stated above, at 5:10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
53D Obstruction, intestinal
47B Sarcoma, lung & liver
46E
..... (duration) ..... yrs. 2 mos. ..... ds.
CONTRIBUTORY (SECONDARY) Primary round cell sarcoma
left lumbar ..... (duration) ..... yrs. 3 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? yes DATE OF 1929
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy etc
(Signed) H. P. Kirkham, M. D.
10/3, 1929 (Address) Bratton Bldg KC 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~~ Forest Hill — DATE OF BURIAL 10-3 1929
20. UNDERTAKER Sline & McClure — ADDRESS 3235 Gillham Plaza

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