

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 31 1930

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

Do not use this space.
30825

1. PLACE OF DEATH

County Platte
Township Union
City (No.) (Name) (St.) (Ward)

Registration District No. 711
Primary Registration District No. 5940

File No. 33
Registered No. 14

2. FULL NAME

Thomas Monroe Balace

(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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/17 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isabelle Balace

17. I HEREBY CERTIFY, That I attended deceased from Aug. 13 1930 to Sept 17 1930 that I last saw h. last 16 Sept 16 1930 and that death occurred, on the date stated above, at 3.30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-31-1860

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of R. kidney and stomach.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 1 16 =

H610
51 ft. (duration) 1 yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) 44-A (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

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

10. NAME OF FATHER William Balace

DID AN OPERATION PRECEDE DEATH..... DATE OF..... WAS THERE AN AUTOPSY.....

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

WHAT TEST CONFIRMED DIAGNOSIS..... (Signed) W. J. Bridges, M. D. , 19 (Address) Dixon, Mo.

12. MAIDEN NAME OF MOTHER Martha Davis

*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.

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

14. INFORMANT Isabelle Balace (Address) Dixon Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Vienna Cemetery DATE OF BURIAL 9-19 1930

15. FILED 9-20-30 A. S. Lick REGISTRAR

20. UMBERTAKER Fred H. Gillenry ADDRESS Dixon Mo.

