

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 86
Township Washington Primary Registration District No. 5127
City (No. 2 mi. E. of, St. Joseph on #36.)

File No. 24324
Registered No. 50
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 68 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Keller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar, 12, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>68</u>	<u>3</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Buchanan Co., Mo.
(STATE OR COUNTRY)

FATHER 13. NAME Samuel Balsiger

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Switzerland

MOTHER 15. MAIDEN NAME Elizabeth Schneider

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Switzerland.

17. INFORMANT Mrs. Louis Knapp
(ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem DATE July, 6, 1931.

19. UNDERTAKER Walter H. Weierhoffer
(ADDRESS) 1302 Parson St. St. Joseph, Mo.

20. FILED July 6, 1931 (Address) 301 No. 8th. St. St. Joseph, Mo.
Registrar. 7/4/31

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 4, 1931 1931

22. I HEREBY CERTIFY That I attended deceased from April 1931 to June 1st 1931
I last saw her alive on 8 1/2 hrs and just 1931. Death is said to have occurred on the date stated above, at 8.15 A.M.

The principal cause of death and related causes of importance were as follows:

arterio sclerosis
chronic nephritis
131
23/31
27/31
Other contributory causes of importance: hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no.
If so, specify _____ (Signed) [Signature] _____, M. D.
(Address) 301 No. 8th. St. St. Joseph, Mo.

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.

MS 25 1931

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