

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.

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

Do not use this space.

4562

## 1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City (No. 4056)

Registration District No. 299  
Primary Registration District No. 3002  
City Baltimore St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 409

## 2. FULL NAME

Adam Balzer  
(a) Residence, No. 4056 Baltimore St. 7 Ward. \_\_\_\_\_

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19th 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
73 67 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist Retired

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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 16

13. NAME Anna Catharine Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME John Balzer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Anna Swartz Bruder  
Callow Rock ark

18. BURIAL, CREMATION, OR REMOVAL PLACE, DATE NEWKIRK, OKLA 2/2 1932

19. UNDERTAKER (ADDRESS) Ou Near Turner Home  
3146 Main St

20. FILED 2/2 1932 M. M. Crane  
Regist.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-1 1932

22. I HEREBY CERTIFY that I attended deceased from Jan 1 1932 to Feb 1 1932  
I last saw him alive on Feb 11 1932 Death is said to have occurred on the date stated above, at 6 am  
The principal cause of death and related causes of importance were as follows:

apoplexia 930 Date of onset \_\_\_\_\_

Other contributory causes of importance:

Mitral regurgitation  
+ arterio sclerosis

Name of operation None Date of operation Feb 7-32

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury None 19 \_\_\_\_\_

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Jos W Graham M. D.

(Address) 205 Argyle Pl. Mo

9:45 - Weston 7:38 pm  
8:25 - 7:38 pm  
Lorraine

1:55 pm - 9:32  
10:00 pm - 4:12