

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

Do not use this space.

29489

**1. PLACE OF DEATH**

County Jackson  
Township New  
City N. C. Mo. (No. 2414-East 10th, St.)

Registration District No. 399  
Primary Registration District No. 1001

File No. \_\_\_\_\_  
Registered No. 3003 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Balser Harr  
(a) Residence, No. 2414 E. 10th, St. 9 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-16-1852  
7. AGE YEARS 60 MONTHS 3 DAYS 11 If LESS than 1 day, hrs. or min.

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

13. NAME No Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Mrs. Geo. Reed (ADDRESS) 2408-E-10th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Sept-29 1932

19. UNDERTAKER Mrs. C. L. Forster (ADDRESS) 918 Brooklyn Ave.

20. FILED 9/29 1932 M. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-27-1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 19 1932, to Sept 27 1932. I last saw him alive on Sept 25 1932. Death is said to have occurred on the date stated above, at 7: A. m. The principal cause of death and related causes of importance were as follows:

Senile Chronic Myocarditis  
Senile Coronary Sclerosis  
Date of onset \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? External Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? N.R. 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 T  
Nature of injury T

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify John E. Robinson M. D.  
(Signed) John E. Robinson (Address) 5-10 Altman Bldg

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

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.

1932-4-28

1865-2 26

67-7-2

altman Vi - 4060  
3508. Hahn Re. 0201