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

Do not use this space.

41361

File No.
Registered No.

94

1. PLACE OF DEATH
County St. Francois
Township Randolph
City Desloge (No. , St. Ward)

Registration District No. 779
Primary Registration District No. 6024a.

2. FULL NAME Mary M. Baland

(a) Residence, No. Desloge Mo 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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William Baland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 28. 1870

7. AGE: Years 62 | Months 3 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: house work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
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): Perry Co. Mo. 1

FATHER

13. NAME: Gus Layton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: dont No
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): dont No 31

17. INFORMANT (ADDRESS): Zola Baland Desloge Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Francois DATE Dec. 20 1932

19. UNDERTAKER (ADDRESS): C. J. Boyer Desloge Missouri

20. FILED 12-21-1932. R. B. Lesler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/21, 1932, to Dec 18, 1932
I last saw h— alive on 12/18, 1932. Death is said to have occurred on the date stated above, at 1:P m.
The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar — Date of onset 12/11/32
108 / 97P — 108 — (1)

Other contributory causes of importance:
Valvular Heart Lesion — 1931

Name of operation — Date of —
What test confirmed diagnosis? clinical 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) W. P. Dunchmann, M. D.
(Address) Desloge 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.