

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

Do not use this space.

5027

**1. PLACE OF DEATH**

County Cedar

Registration District No. 163

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 6095

Registered No. 11

City El Dorado Springs

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Albert Balk

(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**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-20-1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 73 6 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 15 yrs 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) Ills

MOTHER FATHER 13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs Rosa Balk

(ADDRESS) El Dorado Springs Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Center DATE 2-10 1933

19. UNDERTAKER Wm - Siders

(ADDRESS) El Dorado Springs Mo

20. FILED 2/8 1933 W. Dawson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 31 1932 to Feb 8 1933

I last saw him alive on Feb 7 1933. Death is said to have occurred on the date stated above, at 8 a. m.

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

starvation Date of onset \_\_\_\_\_

Other contributory causes of importance: Manic depression insanity

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 \_\_\_\_\_, 1933

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. Dawson M. D.

El Dorado Springs Mo

