

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

Do not use this space.

MAR 24 1934
1. PLACE OF DEATH

County North

Registration District No. _____

File No. 3756-B

Township _____

Primary Registration District No. _____

Registered No. _____

City Grant City (No. _____)

St. _____ Ward _____

2. FULL NAME Rosie Ellen Balsiger

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-15, 1934

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

I HEREBY CERTIFY, That I attended deceased from Dec-30, 1933, to 1-15, 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-19-1876

I last saw her alive on 1-15, 1934 Death is said to have occurred on the date stated above, at 11:30 a.m.

7. AGE YEARS 56 MONTHS 2 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife
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 _____

Cerebral Hemorrhage Date of onset 1-13-34

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elwood, Texas

Other contributory causes of importance: Cerebral Hemorrhage 12-1-33

13. NAME Theodore Glasscock

Name of operation _____ Date of _____

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

What test confirmed diagnosis? Physician's Was there an autopsy? no

15. MAIDEN NAME Mary Greub

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) J. B. Brown

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Wiley cemetery DATE Jan 17 1934

Manner of injury _____

19. UNDERTAKER (ADDRESS) Brown

Nature of injury _____

20. FILED _____ 19____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. K. Raymond, M. D.

(Address) Grant City Mo.

Registrar

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
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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Worth
Township Front City
City Front City (No. _____ St. _____ Ward _____)

Registration District No. 903
Primary Registration District No. 4545

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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)

Rose Ellen Balsiger

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18 - 1876

7. AGE YEARS 56 MONTHS 2 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Belwood, Va.

13. NAME Leodora Glassner

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

15. MAIDEN NAME Mary Greut

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

17. INFORMANT J. P. Brown (ADDRESS) Andrews Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mellon Care DATE Jan 17 1934

19. UNDERTAKER Grand (ADDRESS) Andrews

20. FILED Members, 1934, J. C. Mull, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 1934

22. I HEREBY CERTIFY, that I attended deceased from Dec 20 1933 to Jan 15 1934. I last saw him alive on Jan 15 1934. Death is said to have occurred on the date stated above, at 11:30 a.m. The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 1/14/34
Date of onset _____
Other contributory causes of importance: Cerebral Hemorrhage 12-1-33

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. finding 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 _____

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? _____
If so, specify _____ (Signed) P. J. Ross, M. D.
(Address) Front City

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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.

S-3756-B