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.

APR 7 1935

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

Do not use this space.

8712

File No.
Registered No. 35

1. PLACE OF DEATH

County Franklin
Township
City Washington, Mo. (No. , 719 First St., St. Ward)

Registration District No. 297
Primary Registration District No. 3016

2. FULL NAME Balzer Heuser

(a) Residence, No. 719 First St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine M. Heuser.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 9, 1855

7. AGE: Years 79 | Months 9 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) London England

FATHER

13. NAME not known.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME not known.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known.

17. INFORMANT (ADDRESS) Adam Heuser. Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cemetery Washington, Mo. DATE March 17, 35

19. UNDERTAKER Otto & Co.
(ADDRESS) Washington, Mo.

20. FILED Mar. 15 1935 N. A. May Registrar.

MEDICAL CERTIFICATE OF DEATH

1:35 P.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14 1935

22. I HEREBY CERTIFY, That I attended deceased from July 31 1934, to March 14 1935
I last saw him alive on March 14 1935. Death is said to have occurred on the date stated above, at 1:35 P. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of prostate gland — Date of onset unknown

Other contributory causes of importance: ✓

Name of operation none 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) N. A. May, M. D.
(Address) Washington, Mo.