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.

JUN 18 1935

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

Do not use this space.

15694

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85

Township: — Primary Registration District No.: 1001

City: St. Joseph, (No. Missouri Methodist Hosp. St. Ward)

File No.: — Registered No.: 582

2. FULL NAME Edward Dewey Balsiger

(a) Residence, No. 3421 Mitchell Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 11 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 17, 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	38	11	9	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. Offices.

10. Date deceased last worked at this occupation (month and year) Apr., 1935 — 11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

FATHER

13. NAME John Balsiger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co., Mo.

MOTHER

15. MAIDEN NAME Rosena Weidman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co., Mo.

17. INFORMANT (ADDRESS) Mrs. Leona Balsiger, 3421 Mitchell Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn Cemetery DATE May, 28, 1935

19. UNDERTAKER (ADDRESS) Walter Meinhoffer, 1302 Faraon St. St. Joseph, Mo.

20. FILED MAY 28 1935 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 26, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1935 to May 26, 1935

I last saw him alive on May 25, 1935. Death is said to have occurred on the date stated above, at 1.12 m. A.M.

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

	Date of onset
Carcinoma of Stomach	1 yr
General Peritonitis	
4b	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) [illegible], M. D.

(Address) Phys. & Surg. Bldg, St. Joseph, Mo.