

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.

MAY 29 1935

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

Do not use this space.

17029

## 1. PLACE OF DEATH

County Linn  
Township Monroe  
City Monroe (No. 492)

Registration District No. 5652A  
Primary Registration District No. 494

File No. 87  
Registered No. 273  
St. Monroe Ward 2

## 2. FULL NAME

(a) Residence, No. Old Monroe R. St. Monroe Ward 2  
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 74 yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Mrs. Mary Blumberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23 - 1841

7. AGE YEARS 93 MONTHS 8 DAYS 13 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant  
10. Date deceased last worked at this occupation (month and year) Germany 11. Total time (years) spent in this occupation Germany

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Henry Bals

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

15. MAIDEN NAME Not known

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

17. INFORMANT Wm Bals (ADDRESS) Old Monroe Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Monroe Mo. DATE 5/9 1935

19. UNDERTAKER Welda & Kauff (ADDRESS) Old Monroe Mo.

20. FILED 5/9 1935 PC Kunkel Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1933, to May 6 1935. I last saw him alive on 5-3 1935. Death is said to have occurred on the date stated above, at 3:30 A.M.

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

myocarditis Date of onset 7231

Other contributory causes of importance: Old age

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

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?

If so, specify —

(Signed) W. H. Kunkel M. D.

(Address) Old Monroe Mo.

