

JUN 6 1935

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

33124-6  
180

## 1. PLACE OF DEATH

County Jefferson  
 Township Jefferson  
 City Des Moines (No.       )

Registration District No. 422  
 Primary Registration District No. 5679

File No.         
 Registered No.        St.        Ward       

## 2. FULL NAME

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

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. W. Balcer

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9 - 1854

8. AGE YEARS 81 MONTHS 9 DAYS 2 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

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

11. Date deceased last worked at this occupation (month and year)        11. Total time (years) spent in this occupation       

12. BIRTHPLACE (CITY OR TOWN) Willsboro (STATE OR COUNTRY) Mo

13. NAME John. Blake.

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

15. MAIDEN NAME Matha Parham

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

17. INFORMANT W. W. Balcer (ADDRESS) R. F. P. No. 2, Des Moines

18. BURIAL, CREMATION, OR REMOVAL PLACE we are DATE Oct 13, 1935

19. UNDERTAKER Mothershead (ADDRESS) Des Moines

20. FILED 10-11, 1935 Sturman Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1935, to Oct 11, 1935

I last saw him alive on Oct 11, 1935. Death is said to have occurred on the date stated above, at 10 P. m.

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

Date of onset

Arteriosclerosis  
Chronic nephritis

Name of operation        Date of       

What test confirmed diagnosis? clinical as 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) David Ford, M. D.

(Address) Des Moines

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.

