

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.

DEC 16 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

35070

1. PLACE OF DEATH

County Barry
 Township King Prairie
 City King Prairie (No.)

Registration District No. 30
 Primary Registration District No. 5042

File No.
 Registered No. 46
 St. Ward

2. FULL NAME

(a) Residence, No. Betty Jean Balmas 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

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 24, 1929</u>		
7. AGE YEARS <u>6</u>	MONTHS <u>4</u>	DAYS <u>14</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>
	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) Barry co. mo13. NAME Betty Balmas14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry co. mo15. MAIDEN NAME Lola Helen Jackson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry co. mo17. INFORMANT (ADDRESS) Betty Balmas18. BURIAL, CREMATION, OR REMOVAL King Prairie DATE Nov 9, 193519. UNDERTAKER (ADDRESS) Callaway mo20. FILED 11-8- 1935 W. McWest Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8, 193522. I HEREBY CERTIFY, That I attended deceased from Oct 20- 1935, to Nov 8- 1935I last saw her alive on Nov 7, 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:

Branchial Pneumonia of acute type following Diphtheria
 Date of onset

Other contributory causes of importance:

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) R. F. Ferguson, M. D.(Address) St. Louis, Mo.

