

JUN 27 1936

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

21689

## 1. PLACE OF DEATH

County Stoddard  
 Township Pike  
 City Baller City (No. ....)

Registration District No. 834  
 Primary Registration District No. 6097

File No. ....  
 Registered No. 46  
 St. .... Ward)

## 2. FULL NAME

Balthasar H. Kneezel  
 (a) Residence, No. Baller City Mo. St. .... Ward. ....  
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. .... ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marilee Kneezel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 23 - 1872</u>		
7. AGE <u>63</u>	YEARS <u>5</u>	MONTHS <u>23</u>
		DAYS <u>23</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>Farmer</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) <u>May 10, 1936</u>
	11. Total time (years) spent in this occupation <u>26</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deer Co. Mo.

FATHER  
 13. NAME Elemer Kneezel  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER  
 15. MAIDEN NAME Not known  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Josh. Kneezel Baller City Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant House Mo. DATE May 18, 193619. UNDERTAKER (ADDRESS) Lloyd O. Morgan Advance Inc.20. FILED 5-21-1936 W. M. Reilly Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw him alive on ....., 19.... Death is said

to have occurred on the date stated above, at 10 A. m.

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

Date of onset

Acute Endocarditis

Other contributory causes of importance

Name of operation none Date of ....  
 What test confirmed diagnosis? EKG 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?

If so, specify Lloyd O. Morgan Coroner  
 (Signed) Advance Inc. Mo.  
 (Address) Advance Inc. Mo.

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

