

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

Do not use this space.

26410-a

OCT 21 1936

1. PLACE OF DEATH

County Howell Registration District No. 384
 Township West Plains Mo Primary Registration District No. 4257
 City West Plains Mo St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

Norman Herbert Balderson

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX ma 4. COLOR OR RACE wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-12-1936

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

22. I HEREBY CERTIFY, That I attended deceased from 7-4-1936 to 7-12-1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-24-1934

I last saw him alive on 7-11-36 Death is said to have occurred on the date stated above, at 6:50 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2 3 18

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

Acute leas. colitis

Date of onset Jan 26, 1936

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief
 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 _____

Other contributory causes of importance: _____

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

13. NAME Geo. Balderson

Name of operation _____ Date of _____

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

What test confirmed diagnosis? Exam Was there an autopsy? no

15. MAIDEN NAME Bertha Bray

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT Bertha Balderson (ADDRESS) West Plains Mo

Specify whether injury occurred in industry, in home, or in public place. _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Dayton DATE 7-13-36

Manner of injury _____

19. UNDERTAKER Robt. G. Murray (ADDRESS) West Plains Mo

Nature of injury _____

20. FILED 7-13-1936 V. H. SIMONS Registrar

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) E. C. Bohrer, M. D.

(Address) West Plains Mo

NOTE: 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.

