

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

Do not use this space.

2113

FEB 27 1937

1. PLACE OF DEATH

51 County Linn Registration District No. 508
 Township Cream Ridge Primary Registration District No. 5677
 City _____ (No. _____) _____ St. _____ Ward _____

2. FULL NAME

Jessie O Balman 1

(a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 - 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
44 7 26

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1

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

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arundel Co mo

FATHER 13. NAME John Balman

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

15. MAIDEN NAME Maria Hall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mercer Co mo

17. INFORMANT Della Balman
 (ADDRESS) Chula mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Stuckey Cem DATE 1-10 1937

19. UNDERTAKER E J Robertson
 (ADDRESS) Lardo mo

20. FILED Jan 12 1937 Donald H. Law Jr. M.D.
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 3 1937, to Jan 8 1937
 I last saw him alive on Jan 7 1937. Death is said to have occurred on the date stated above, at 6 a.m.
 The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Date of onset 1/2/37

Other contributory causes of importance None

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? No
 If so, specify _____
 (Signed) J. J. Williamson, M. D.
 (Address) Chillicothe, Mo

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.

