

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.

NOV 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Lafayette
Township Concordia
City Concordia (No. _____)

Registration District No. 457
Primary Registration District No. 4271

File No. 38037
Registered No. 17
St. _____ Ward _____

2. FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 - 1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
 1 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Oct 10 - 1937

13. NAME Mr Balke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Camp mo

15. MAIDEN NAME Irene Pragman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alma mo

17. INFORMANT Mr Balke
(ADDRESS) Concordia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Paul DATE Oct 11 '37

19. UNDERTAKER Fleming & Daigt
(ADDRESS) Concordia Mo

20. FILED Oct 11 1937 Berdinand Shryman
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1937, to Oct 11 1937

I last saw him alive on Oct 10 1937 Death is said to have occurred on the date stated above, at 11:00 a.m.

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

atelectasis

Other contributory causes of importance:

Premature Birth, (one month)

Name of operation none 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 1

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

If so, specify _____
(Signed) Berdinand Shryman M. D.
(Address) Concordia Mo

