

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

Do not use this space.

1. PLACE OF DEATH

County Benton Registration District No. 64
 Township W. 2nd Dist. Primary Registration District No. 5700
 City Warsaw (No.) St. Ward (No.)

File No. 1974
 Registered No. 1

2. FULL NAME

John Harmon Balke 420
 (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. da.

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 Mary Ann Balke
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1869
 7. AGE YEARS 67 MONTHS 9 DAYS 1 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Edmondson (STATE OR COUNTRY) Mo.

13. NAME Harmon Balke

14. BIRTHPLACE (CITY OR TOWN) Hannover (STATE OR COUNTRY) Germany

15. MAIDEN NAME Marie Chlora

16. BIRTHPLACE (CITY OR TOWN) Hannover (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Travis Balke
172 78th Street, W.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Pleasant Cem. DATE Jan 4, 1937

19. UNDERTAKER (ADDRESS) E. M. White
Warsaw Mo.

20. FILED Jan. 7 1938 M. E. Watson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1937
 22. I HEREBY CERTIFY That I attended deceased from Dec 27, 1937 to Jan 2, 1938
 I last saw h. alive on Jan 2, 1938 Death is said to have occurred on the date stated above, at 12:50 P.M.
 The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia Date of onset

Other contributory causes of importance: Influenza
RECEIVED
 FEB 23 1938

Name of operation Date of
 Bureau 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 Heart
 (Signed) Wasserman, M. D.
 (Address) Warsaw

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.

Handwritten scribbles in the top left corner.

Handwritten mark or signature in the center of the page.