

REC'D JUN 9 1938

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

Do not use this space.

19369

1. PLACE OF DEATH

County St. CharlesRegistration District No. 75-6Township PortagePrimary Registration District No. 5997

City..... (No.....)

St..... Ward.....

2. FULL NAME

George H. Bals 420

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

(Usual place of abode)

(If nonresident, give city or town and State)

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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 7 128. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Oldmansur Mo
Lincoln Co. Mo13. NAME Joe Bals14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oldmansur
Lincoln Co. Mo15. MAIDEN NAME Katharine Buckmeyer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oldmansur
Lincoln Co. Mo17. INFORMANT (ADDRESS) Henry Wild
Oldmansur Mo18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys Cemetery DATE 5-23-3819. UNDERTAKER (ADDRESS) Chapman
Stallor Mo20. FILED May 24, 1938 Rose Barnard
Registrar.

Coroner MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 - 193822. I HEREBY CERTIFY, That I attended deceased from St. Charles to May 23 - 1938

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

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

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

Drowning - Date of onsetFell from Dam under construction into Mississippi RiverOther contributory causes of importance: 1936

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? Accident Date of injury May 16, 1938Where did injury occur? near Winfield Mo

(Specify city or town, county, and State)

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

Industry - Capri Eric DamManner of injury fell into open awing bridgeNature of injury into Mississippi River24. Was disease or injury in any way related to occupation of deceased? YesIf so, specify Laborer - United Grst. Co, Winfield Mo(Signed) John H. Buse(Address) Coroner St. Charles Co. 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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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19369.
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1. PLACE OF DEATH

(a) County St Charles Registration District No. 256
(b) Township Des Moines Primary Registration District No. 3997 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

George H. Bals
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1938

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5 1915

I last saw h. alive on _____, 19____. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
22 7 12

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

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

Date of onset

12. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY)

Other contributory causes of importance:

FATHER 13. NAME _____

FATHER 14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME _____

MOTHER 16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED Aug 6 1938 S. G. Raymond Local Registrar

Name of operation _____ Date of _____

What test 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 _____

(Signed) John H. Buge M. D.

(Address) St Charles

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH in _____, to verify, so that it may be properly classified. Fact statement of OCCUPATION is very important. PHYSICIANS should state exactly.

