

NOV 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Barton*

Registration District No. *40*

Township

Primary Registration District No. *4024*

City *Lamar* (No.)

St. Ward)

File No. *35016*

Registered No. *47*

2. FULL NAME

Joseph Edwin Bales

(a) Residence No. St. Ward.

Length of residence in city or town where death occurred *10* 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 *Mary Bell Bales*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 2 - 1868*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *70 3 28*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *City Collector*
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) *Hilford Mo*

13. NAME *Levi Bales*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *North, Mo.*

15. MAIDEN NAME *Mary*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (ADDRESS) *Gaylord Bales Lamar Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Howell Cemetery 11-3-38*

19. UNDERTAKER (ADDRESS) *River Management Co Lamar Mo*

20. FILED *Nov-2-1938* *Mrs Josephine Myrath* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 30th 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 29*, 1938 to *Oct 30*, 1938

I last saw him alive on *Oct 30*, 1938. Death is said to have occurred on the date stated above, at *2:30 P.M.*

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

Influenza and myocarditis
59

Other contributory causes of importance: *Diabetes and Cardio-Renal-Vascular Disease*

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?
If so, specify (Signed) *C. E. Duesell*, M. D.

(Address) *Lamar, 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.

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RECEIVED

District Health Officer No. 6,

District File Number 6-38-564

Date Filed NOV 7 1938