

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.

MAY 31 1937

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

Do not use this space.

17823

1. PLACE OF DEATH
107 County Texas Registration District No. 887
Township Lynch Primary Registration District No. 6138
City Edell, France (No. 6)
St. 6 Ward 1
2. FULL NAME Charles F. Balkins
(a) Residence, No. 6 St. 6 Ward 1
(Usual place of abode)
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 M- 4. COLOR OR RACE W- 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora Balkins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 6 - 1878
7. AGE YEARS 5-9 MONTHS 2 DAYS 28 If LESS than 1 day, hrs. or min.
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. —
10. Date deceased last worked at this occupation (month and year) Jan 1937 11. Total time (years) spent in this occupation —
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Co. Ga
13. NAME Charles E. Balkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
15. MAIDEN NAME Sarah Edwards
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT Cora Balkins
(ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE Emergency DATE Apr 5 - 1937
19. UNDERTAKER G. V. Elliott
(ADDRESS) Houston, Mo
20. FILED H-4 1937 Julia Reaney Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1937
22. I HEREBY CERTIFY, That I attended deceased from 10:00 AM to 1:30 PM and attended for 19 days.
I last saw him alive on April 4, 1937. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:
Supposed to be
street
run over
Other contributory causes of importance:
good
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) J. P. M. Mark, M. D.
(Address) Houston, Mo.

