

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

Do not use this space.

29266

**OCT 29 1927**

**1. PLACE OF DEATH**

County Scotland

Registration District No. 809

Township Hopewell

Primary Registration District No. 4487

City Gorin

No.          St.          Ward         

File No.         

Registered No.         

St.          Ward         

**2. FULL NAME**

(a) Residence. No. Mary Baltz St. Gorin Mo Ward         

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs.          mos.          ds. How long in U.S., if of foreign birth?          yrs.          mos.          ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Female

**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**

Ed. S. Baltz

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

May 3 - 1860

**7. AGE**

YEARS 67

MONTHS 4

DAYS 26

If LESS than 1 day,          hrs. or          min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Knox Co. Mo

**10. NAME OF FATHER**

Moses Songer

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Indiana

**12. MAIDEN NAME OF MOTHER**

Elsie Balt

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Indiana

**14.**

INFORMANT Ed S. Baltz

(Address) Gorin, Mo

**15.**

FILED Oct 4, 27 J. M. Johnson REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Sept 29 1927

**17.** I HEREBY CERTIFY, That I attended deceased from June 14, 1927, at Gorin Mo, until I last saw him alive on Sept 27, 1927, and that death occurred, on the date stated above, at 5:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma - bowbl. & pelvic viscera -

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH,         

1 DID AN OPERATION PRECEDE DEATH. Yes DATE OF June 16 - 1927

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Operation

(Signed) Don Pierce, M. D.

Sept 21, 1927 (Address) Gorin Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Gorin Cemetery

**DATE OF BURIAL**

Sept 30 1927

**20. UNDERTAKER**

Gerth & Baskets

**ADDRESS**

Gorin Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. INFORMATION should be carefully supplied. AGE should be stated EXACTLY.

