

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

Do not use this space.

5190

1. PLACE OF DEATH **U.S.V. Hosp.**

County **Jackson**
Township **Kaw**
City **Kansas City, Mo.**

Registration District No. **309**
Primary Registration District No. **U.S. Veterans Hosp 02**

File No. **843 840**
Registered No. **843 840**
St. _____ Ward _____

2. FULL NAME **BALSLEY, George Leonidas**

(a) Residence. No. **3500 Woodland Ave.,** St. **C-Home** Ward **W08**
(Usual place of abode) **13** (If nonresident, give city or town and State) **Pvt. Co F 1st Inf.**

Length of residence in city or town **Kansas City, Missouri** 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) **Married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 31, 1868**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 10 20

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Plumber**
(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) **Missouri**

10. NAME OF FATHER **Montgomery P Balsley**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Covington,** (STATE OR COUNTRY) **Kentucky**

12. MAIDEN NAME OF MOTHER **Anna Brasfield**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) **Missouri**

14. INFORMANT **Mrs. Julia Balsley (wife)** (Address) **3332 Michigan, Kansas City, Mo.**

15. FILED **2/24 1930** **M. M. Crowe** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **February 21 1930**

17. I HEREBY CERTIFY, That I attended deceased from **December 18 1929** to **February 21 1930** that I last saw him alive on **February 21 1930**; and that death occurred, on the date stated above, at **12:35 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypothyroidism, severe

1000 (duration) **2** yrs. **OR MORE** ds. _____

CONTRIBUTORY **Dilatation, acute, secondary to** (SECONDARY)

hypert thyroidism (duration) _____ yrs. _____ mos. **1** ds. _____

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH **Unknown**

DID AN OPERATION PRECEDE DEATH? **No** DATE OF _____

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS **Physical Examination.**

(Signed) **U.S. CHAMBERS, M. D.**
U.S.V. Hospital, Kansas City, 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 **Smithville, Mo.** DATE OF BURIAL **2/25 1930**

20. UNDERTAKER **Methody W. Kelley Funeral Home Inc. 3133 Reg**

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.

